



Occupational Health Immunization Review Summary Form

Health Care Worker (Name): _____ Employee ID: _____

A file review indicates you require the following:

1. An appointment with the Occupational Health Nurse:

- For review of your immunization records and to complete any required immunizations and testing. Appointments are available at Portage District General Hospital, Boundary Trails Health Centre, or Bethesda Regional Health Centre. If you would like to book this appointment by e-mail, please send your request to Staffimmunization@southernhealth.ca. Please include the name of the facility where you would like the appointment booked. You can also make an appointment by calling 204-422-3106. Follow the prompts and leave a message on the Staff Immunization voicemail.

2. A blood test to confirm immunity for the following:

- Measles Mumps Rubella Chickenpox Hepatitis B Other _____

Take the attached lab requisition to a lab in SH-SS to have the required bloodwork done. You will be contacted by the Occupational Health Nurse when the test results are back. If you require further vaccinations based on this bloodwork, a referral will be sent to the Infection Control Practitioner for your facility/program and arrangements will be made for you to receive the required immunization(s).

3. The following vaccine(s)/test(s):

- Measles/Mumps/Rubella (MMR) Dose # _____ Varicella (Chickenpox) Dose # _____
- Hepatitis B Dose # _____ Tdap _____
- Tuberculin Skin Test (Mantoux) 1-Step _____ Tuberculin Skin Test (Mantoux) 2 Step _____

Each step of the tuberculin skin test requires two appointments. One appointment to administer the test, the second appointment booked 48 to 72 hours later to read the result.

Immunization(s): a referral will be sent to the Infection Control Practitioner for your facility/program, who will contact you to make arrangements for you to receive the required immunization(s).

Tuberculin Skin Test (Mantoux): a referral will be sent to a Medical Clinic close to your place of residence. You will be contacted to book the necessary appointments.

Please see policy Occupational Health: Immunizations for Health Care Workers (CLI.8011.PL.008) for further information regarding required immunizations for employees of Southern Health – Santé Sud.

Comments: _____

Occupational Health Nurse Signature: _____ Date: _____