



# Occupational Safety & Health Employee Immunization Referral Form

Site Infection Control Practitioner (Name): \_\_\_\_\_

From Occupational Health Nurse (Print Name): \_\_\_\_\_

Referral Date (YYYY/MM/DD): \_\_\_\_\_

|  |   |
|--|---|
| <b>Employee Name:</b> _____ <b>PHIN:</b> _____ <b>Employee ID:</b> _____   |   |
| <b>Home Phone:</b> _____ <b>Cell Phone:</b> _____  |   |
| <b>Address:</b> _____<br>_____   |   |
| <b>Facility of Hire:</b> _____ <b>Position:</b> _____  |   |
| This employee requires the following vaccine(s):   |   |
| <input type="checkbox"/> MMR Dose #1<br><input type="checkbox"/> MMR Dose #2<br><input type="checkbox"/> Varicella Dose #1<br><input type="checkbox"/> Varicella Dose #2<br><input type="checkbox"/> Tdap<br><input type="checkbox"/> Td | <input type="checkbox"/> Hepatitis B Dose #1<br><input type="checkbox"/> Hepatitis B Dose #2<br><input type="checkbox"/> Hepatitis B Dose #3<br><input type="checkbox"/> HB Titre (HBsAb)<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____ |
| Occupational Health Nurse Signature: _____   |   |
| Date: _____  |   |

### Site Infection Control Practitioner Procedure:

1. Review a copy of the employee's Confidential Employee Immunization Form on the Staff Immunization shared drive to verify employee's immunization record and consent.
2. If applicable, review a copy of the employee's titre results on the Staff Immunization shared drive to verify the employee's immune status.
3. Review the SH-SS Occupational Safety & Health Standard Orders (CLI.8011.PL.008.SD.02) for vaccine/immunization orders.
4. Complete the Occupational Health Immunization Intake Form (CLI.8011.PL.008.FORM.02), sign and date.
5. Return the Occupational Health Immunization Intake Form to OHN via the employee's folder on the Staff Immunization Shared Drive for entry into QHR and PHIMS.