



# Health Assessment of Childcare Personnel

The Childcare and Early Years Act, 2014, Reg 137/15, requires childcare operators to ensure that all staff and volunteers in a childcare facility are fully vaccinated as recommended by the local Medical Officer of Health.

Please complete **all of the information in Section 1** of this form and **attach a copy of your vaccination record if you have not received your vaccinations at the Health Unit.** Please ensure your name and date of birth are on both documents. Completed forms and a copy of your vaccination record are to be returned to the childcare facility. **The Health Unit will only accept and process forms submitted by the childcare facility.** Vaccination requirements for childcare workers and volunteers are listed on the back of this form.

Each year, the childcare facility provides a list of all employees and volunteers of childcare facilities as well as residents / visitors of home childcare locations to the Health Unit for review to confirm their vaccinations remain up to date. If your vaccinations are not up to date at the time of that assessment, the childcare facility will be notified and you will be asked to contact the Health Unit for further information. The childcare facility will not be told what information is missing.

**Section 1** – To be completed by the employee / volunteer/personnel – please complete all information requested legibly and fully:

Date completed: \_\_\_\_\_ Name of Childcare Facility & Site: \_\_\_\_\_ Start date: \_\_\_\_\_

Role at Childcare Centre:  Paid employee  Volunteer  Resides/visits at the home childcare location  Other

Name \_\_\_\_\_ Previous Names: \_\_\_\_\_  
First Name Last Name(s)

Date of Birth \_\_\_\_\_ Health Card Number \_\_\_\_\_  
YYYY/MM/DD

Address \_\_\_\_\_ PO Box \_\_\_\_\_ RR# \_\_\_\_\_ Apt # \_\_\_\_\_

City/Town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Have you received your vaccinations at the Health Unit:  Yes  No

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

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## **Section 2 -** to be completed by the Childcare Facility Supervisor

I have reviewed the information provided on this form for completeness and accuracy and ensured a copy of the employee / volunteer/personnel’s vaccination record is included if required.

Date: \_\_\_\_\_ Supervisor’s Signature: \_\_\_\_\_

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## **Section 3 - For Health Unit Use Only**

- Immunization record up to date
- Immunization record **NOT** up to date – direct the individual to contact the Health Unit at 705-474-1400 ext 5252 or email at [vpd@healthunit.ca](mailto:vpd@healthunit.ca)
- Appropriate documentation on file

Signature of Nurse \_\_\_\_\_ Date & Time \_\_\_\_\_

YYYY/MM/DD

The following vaccinations are **required** for persons working/volunteering with children in a childcare setting:

Vaccine	Vaccine Requirements
<b>Tetanus, Diphtheria, Pertussis (Tdap)</b>	<ul style="list-style-type: none"> <li>One adult dose given 10 years after the adolescent booster (usually age 24-26 )</li> </ul>
<b>Tetanus Diphtheria (Td)</b>	<ul style="list-style-type: none"> <li>A booster dose every 10 years after the adult dose of Tetanus, Diphtheria, Pertussis</li> </ul>
<b>Measles, Mumps &amp; Rubella (MMR)</b>	<ul style="list-style-type: none"> <li>Adults born before 1970 - consider immune, no vaccination required</li> <li>Adults born in or after 1970 - at least 1 dose, (2 doses recommended)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>Lab work to confirm immunity is required if unable to confirm vaccine dates or clinical documentation of illness is not available. If immune, no vaccine is required.</li> </ul>
<b>Chickenpox (Varicella)</b>	<ul style="list-style-type: none"> <li>2 doses</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>Lab work to confirm immunity is required if unable to confirm vaccine dates or clinical documentation of illness is not available. If immune, no vaccine is required.</li> </ul>

The following additional vaccinations are recommended: **Hepatitis A, Hepatitis B, Meningococcal and annual Influenza.**

Exemptions from Required Vaccinations:

In some instances, individuals may have a medical reason why they are unable to receive the required immunizations. In this case, a Medical Exemption form must be completed and signed by the employee / volunteer’s health care provider. The Medical Exemption form is available at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ENV=WWE&NO=010-3041E>

Employees / volunteers who object to receiving the required immunizations must complete a Statement of Conscience or Religious Belief Affidavit. The Statement of Conscience or Religious Belief Affidavit is available at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ENV=WWE&NO=010-3042E>

In the event of an outbreak, an employee/volunteer with an exemption will not be permitted in the facility until the outbreak is declared over by the Health Unit.