

# Health Assessment Form for Employees / Providers / Volunteers in Child Care Centres

Type of Submission:  Initial Assessment for Employment       Updated Information for Assessment

First Name		Last Name:		Previous Last Name:		Date of Birth	
Home Address (Street number, Name & direction / RR# / PO Box number)				City		Province	
Postal Code		Home Phone Number		Work Phone Number		Cell Number	Other
Health Card Number			Name of Child Care Centre			Start Date	
Role at the Child Care Center: <input type="checkbox"/> Paid employee <input type="checkbox"/> Volunteer (parent and other) <input type="checkbox"/> Reside at the home childcare location <input type="checkbox"/> Other							

**VACCINATION INFORMATION – PLEASE COMPLETE – see reverse side for information on completing this form**

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

Vaccine	Recommendation	Date Last Vaccine Was Given	Evidence of Immunity through Blood Work only required if unsure of date of last vaccination
<b>Tetanus, Diphtheria, Pertussis (Tdap)</b>	One adult dose given 10 years after the adolescent booster (usually age 24-26 )	____ / ____ / ____	Not applicable
<b>Tetanus Diphtheria (Td)</b>	A booster dose every 10 years after the adult dose of Tetanus, Diphtheria, Pertussis	____ / ____ / ____ <input type="checkbox"/> Not applicable	Not applicable
<b>Measles, Mumps &amp; Rubella (MMR)</b>	Born before 1970 – none required Born in or after 1970 – 1 dose. Anyone 18-25 years of age should have 2 doses. Lab work to confirm immunity should be done if unable to confirm vaccine dates or clinical documentation of illness is not available. If immune, no vaccine is required.	____ / ____ / ____ ____ / ____ / ____	<input type="checkbox"/> Yes laboratory confirmed evidence of immunity - a copy of laboratory results is required
<b>Chickenpox</b>	If there is an unknown or no history of chickenpox / chickenpox vaccination, a blood test is required to confirm immunity.	<input type="checkbox"/> I had chickenpox after age 1 OR provide dates of vaccination(s): ____ / ____ / ____ ____ / ____ / ____	<input type="checkbox"/> Yes laboratory confirmed evidence of immunity - a copy of laboratory results is required

The following additional vaccinations are recommended for anyone working / volunteering in a child care setting: **Hepatitis A vaccine; Hepatitis B vaccine; Meningococcal vaccine and annual Influenza vaccine**

I confirm that to the best of my knowledge the above information I have provided is accurate and complete. I have included a **copy of my vaccination record**.

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_



## HEALTH ASSESSMENT

### Vaccination Requirements

All child care workers / volunteers are at risk of exposure to communicable diseases because of their contact with young children. Child care workers / volunteers are also capable of transmitting communicable diseases to young children therefore all child care workers should receive all required and recommended vaccines identified on page 1.

***A copy of the person's vaccination record must accompany this form or it will not be processed.***

### 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. Copies of the Medical Exemption form that must be submitted 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 form. Copies of the Statement of Conscience or Religious Belief Affidavit form that must be submitted is available at:

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

Please note that should an outbreak of a vaccine preventable disease be declared by the Health Unit, the employee / volunteer will be unable to work/volunteer at the child care facility until the outbreak is declared to be over by the Health Unit.

### Special Considerations for Pregnant Workers / Volunteers:

Chickenpox, Rubella (German Measles) and Fifth's disease are diseases which have the potential of harming the unborn child of a pregnant woman. When a case of any of these diseases is identified in a child care setting, all pregnant women who may have been exposed to the case must be advised of that exposure and referred to their Health Care provider.

Information regarding potential hazards / risks to the unborn child can be obtained by contacting the Motherisk Helpline at 1-877-439-2744 (Toll-free).

### TB Skin Testing:

North Bay Parry Sound District Health Unit does not recommend routine pre-employment TB skin testing. Our district has a very low rate of TB.

### Results of Assessment:

***Please note that once the health unit staff have completed an assessment of your immunization status, our findings will be faxed to your employer. Only the information in the box below will be shared – your vaccination information on the reverse side of this form will not be shared with your employer.***

#### **For Health Unit Use Only**

Name of Employee / Provider / Volunteer: \_\_\_\_\_

Name of Child Care Facility: \_\_\_\_\_

#### **Immunizations Status of Employee / Provider / Volunteer:**

Immunizations up to date       Immunizations not up to date       Appropriate documentation on file

Signature of Nurse Assessing Information: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_