Immunization and Mantoux Requirements

Surname:		**Given Name:**		
DOB: (Day/Month/Year)	**Phone Number:**	**Email address:**		
Provincial Health Card #		**Country/Province:**		

Immunizations				
DPTP (Diphtheria/Tetanus/Pertussis/Polio) Primary Series (Initial 4 doses)	Date of 1st dose:	Date of 2nd dose:	Date of 3rd dose:	Date of 4th dose:
dTap Booster (Must have receive within the last 10 years)	Date of Booster:			
MMR (Measles/Mumps/Rubella) If no vaccines received titres for MMR required	Date of 1st dose:	Date of 2nd dose:		
Varicella (Chicken Pox)	Date of 1st dose:	Date of 2nd dose:		
Hepatitis B (3 dose requirement)	Date of 1st dose:	Date of 2nd dose:	Date of 3rd dose:	Date of Booster(s):
Influenza Immunization (Recommended yearly)	Date of last influenza vaccine:			
COVID-19 Immunization (Mandatory record of primary series)	Dates Primary series:	Additional vaccine dates:		

Two Step Tuberculosis (TB) Test (Mantoux)			
Step One	Date Given: _____ Date Read: _____	Results: _____mm	Chest X-Ray: Yes ☐ No ☐ Results (attached)
Step Two	Date Given: _____ Date Read: _____	Results: _____mm	IGRA (Y/N) attached: ☐
TB skin test (within the last 12 months)	Date Given: _____ Date Read: _____	Results: _____mm	BCG vaccine: Yes ☐ No ☐

TITRE REQUIREMENTS (please attach a copy of the results)		
Varicella Titre (If history of disease or no record of immunization)	Draw Date: Attach documentation	Results
Measles Titre (If not immunized with 2 doses of MMR vaccine)	Draw Date: Attach documentation	Results
Rubella Titre (If not immunized with 2 doses of MMR vaccine)	Draw Date: Attach documentation	Results
Mumps Titre (If not immunized with 2 doses of MMR vaccine)	Draw Date: Attach documentation	Results
Hepatitis B Titre (post-immunization serologic testing required)	Draw Date: Attach documentation	Results

Signature: _____Date:_____
(Public Health Nurse/Nurse Practitioner/Physician)

Adapted with Permission from Health PEI Occupation Health, Safety and Wellness, August 2024

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Helpful Information:

Measles/Mumps/Rubella/Chicken Pox:
It is recommended that all Healthcare Workers (HCW) be immune to measles, mumps, rubella and chicken pox. HCW's, regardless of their year of birth, should receive two doses of MMR and varicella vaccines if they do not have one or more of the following: documented evidence of receiving two doses of measles, mumps, rubella and chicken pox-containing vaccine; or laboratory evidence of immunity; or a history of laboratory confirmed of each disease.

Influenza Immunization:
Recommended annually. Documentation is required annually.

COVID-19 Immunization:
New Hire Healthcare Workers shall provide a **mandatory** record of their primary COVID-19 vaccine series COVID-19 (2 doses + 14 days) upon initial hire. HCW's are recommended to keep up to date with booster immunizations for COVID-19. Documentation is required.

Mantoux/TB Skin test:
A TB skin test within the last 12 months is required. If you have never had a 2-Step TB skin test, then this test will be required. If you have documentation of a previous 2-Step TB Skin Test (please submit documentation), a single TB skin test should be performed within the last 12 months, since a 2-Step TB skin test is required only once. If you have a history of a positive TB skin test, do not have another TB skin test, but documentation of a chest x-ray will be required within the last 12 months. If you had IGRA blood work done, please provide documentation. If you required and received treatment for TB, please provide documentation from your health care provider.

Please submit a copy of all IMMUNIZATIONS RECORDS, MANTOUX TEST AND TEST RESULTS along with this worksheet.

I am aware that it is my responsibility to ensure that the information provided is accurate, complete and up to date.
I am aware that as a Healthcare Worker it is my responsibility to stay up to date with my immunizations to decrease my own risk of illness, as well as the risk of death and other serious outcomes among patients/clients.

Signature: _____ Date: _____

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