



**WEST HALDIMAND  
GENERAL HOSPITAL**

*75 Parkview Rd.,*

*Hagersville, ON. N0A 1H0*

*"Building for Today"*

*Telephone: 905.768.3311 Fax: 905.768.1820*

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The West Haldimand General Hospital welcomes you to our hospital. For your protection and well being and that of our patients and staff, we require some information about your health status (Reg. 965, Section 4: Public Hospitals Act).

The attached Immunization Record sheet **MUST BE** completed and returned prior to your activities commencing in the hospital. You may need the assistance of your family doctor or the Health Department in the area where you attended elementary and/or secondary school to complete this form.

This information will be kept on file (in confidence) in the Employee/Occupational Health Office. If you require more information, please do not hesitate to call me at 905.768.3311 ext. 1222.

***THE IMMUNIZATION RECORD MUST BE COMPLETED PRIOR TO PLACEMENT BEGINNING.***

Thank you for your cooperation and we hope you enjoy your activities at West Haldimand General Hospital.

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Kelly Isfan, Chief Executive Office

\_\_\_\_\_  
Heather Jones, Occupational Health Nurse

Rev. Jan. 2006  
Rev. May 2006  
Rev. Sept. 06  
Rev. July 2009  
Rev. September 2011  
Rev. May 2015

**Volunteer Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_

**Dear Healthcare provider:**

Your patient has applied to become a volunteer at the WHGH. To comply with the Public Hospitals Act, we must know the immune/immunization status for mumps, red measles, German Measles and Chickenpox, of all persons carrying on activities in a hospital setting. Please complete this form, along with any follow up immunization required, and provide it to your patient who is responsible to return it to the Occupational Health department for clearance.

**Blood Test/Immunization History:**

Please note: The patient can be cleared to volunteer without any testing if there is documented proof of 2 doses of MMR vaccine and a definite history of chickenpox illness.

Provide immunization record or proof of immunity [blood test] for:

**MMR immunization** [If only one MMR immunization on record, booster maybe offered]

Date 1<sup>st</sup> \_\_\_\_\_ Date 2<sup>nd</sup> \_\_\_\_\_

**Rubella Immunity:** Date: \_\_\_\_\_ Result: \_\_\_\_\_ (immune/\*non-immune)

- Immunization record shows 1 dose on or after 1st birthday  Yes  No

**Red Measles Immunity:** Date: \_\_\_\_\_ Result: \_\_\_\_\_ (immune/\*non-immune)

- Immunization record shows 2 doses on or after 1st birthday  Yes  No

**Mumps Immunity:** Date: \_\_\_\_\_ Result: \_\_\_\_\_ (immune/\*non-immune)

- Immunization record shows 2 doses on or after 1st birthday  Yes  No

**Chicken Pox (Varicella) Immunity:**

Date: \_\_\_\_\_ Result: \_\_\_\_\_ (immune/\*non-immune)

- Definite history of chickenpox illness:  Yes  No
- Immunization record shows immunization of 2 doses at least 6 weeks apart
- Date of immunization: #1 \_\_\_\_\_ #2 \_\_\_\_\_

**TB Test:**

Tuberculosis - 2-step (The second step must be completed within 7-14 days. If this does not happen, then you will need to start the process over again.)

TB skin testing will be completed in the Occupational Health department. If you have any record of previous TB skin testing please provide:

Visit	Date	Results	Signature
1st Visit			
2nd Visit			

Chest X-ray - (only if previous TB test is positive) attach report

Date: \_\_\_\_\_ Result: \_\_\_\_\_ Signature: \_\_\_\_\_

**Family Physician or Healthcare Provider:**

**Signature of MD:** \_\_\_\_\_

**Name (printed) of MD:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Proof of immunity needs to be returned to Occupational Health by: fax# 905-768-1820 OR bring in personally to Occupational Health for clearance**

# 1202  
905 768 3311

# Health Unit - Immunizations

Simcoe Health Unit – 12 Gilbertson Drive, Simcoe

First Tuesday of each month

Appointments call – 519-426-6170 exr 3472

Toll free from Haldimand 905-318-6623 ext 3472

Caledonia Health Unit – 282 Argyle St. S. Caledonia

First Wednesday of each month

Appointments call 905-318-6623 ext. 3472