

Student Immunization Attestation Communicable Disease/Immunization Compliance

Please complete your personal attestation form and provide your signature.

I attest that I have complied with the Communicable Disease Surveillance Protocols developed by the Ontario Medical Association and the Ontario Hospital Association pursuant to Hospital Management Regulation 965/90 of the Public Hospitals Act. I have completed the following:

2 Step Mantoux Skin Test

Or

1 step Mantoux Skin Test (if a 2 step TB test was completed greater than 1 year ago)

Or

Chest X-Ray (if positive TB skin test)

Measles, Mumps, Rubella Vaccination x 2

Or

Measles, Mumps, Rubella Titres indicating immunity

Varicella Vaccination x 2

Or

Varicella Titre indicating immunity

Hepatitis B Titre

Tetanus/Diphtheria/Pertussis (within last 10 years)

Annual Influenza Vaccine (strongly recommended)

COVID-19 Vaccination (first and second dose of a 2-dose series, or single dose of a single-dose series). Details surrounding exemptions and accommodations due to medical grounds or other grounds recognized by the Ontario Human Rights Code must be addressed and approved at the educational institution level.

N95 Mask Fit Test complete and passed with Model # 1870+ ONLY (if the 1870+ does not fit, please be in touch with GBHS' Occupational Health and Safety department for further instructions).

If requested at any point throughout my placement at GBHS or in event of an exposure to any of the above communicable diseases occurs during my placement at GBHS, I will provide documentation of immunity to GBHS Occupational Health and Safety department within 5 days of request or exposure. I understand if I fail to supply this information, I may be removed from my placement or placed on work restrictions.

I will seek assistance from my education facility's Student Health department or personal Health Care Practitioner if I am unsure of any of the above requirements.

Student Name: _____ Date: _____

Student Signature: _____

If student is under 18 years old please have legal guardian sign. Guardian Name:

_____ Date: _____