

Immunization Attestation Communicable Disease/Immunization Compliance

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:

Required:

- Ontario Public Health validated **COVID-19 Vaccination** (first and second dose of a 2-dose series, or single dose of a single-dose series), and having received the final dose of the COVID-19 vaccine at least 14 days ago.

2 Step Mantoux Skin Test

or

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

and:

If Mantoux Skin Test result is positive, a chest x-ray is required.

Measles, Mumps, Rubella (MMR) Vaccination x 2

(Immunity to Rubella is x1 MMR vaccination)

(Immunity to Measles is x2 MMR or x2 Measles vaccinations)

(Immunity to Mumps is x2 MMR vaccinations)

or

Measles, Mumps, Rubella Lab Titres indicating immunity

Varicella Vaccination x 2

or

Varicella Lab Titre indicating immunity

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

**Not applicable to high school co-op students.*

Recommended:

Hepatitis B Titre indicating immunity

Tetanus/Diphtheria/Pertussis (within last 10 years)

Annual Influenza Vaccine

If requested at any point throughout my placement, or in the event of an exposure to any of the above communicable diseases occurs during my placement, I will provide documentation of immunity to Brightshores Health System's Occupational Health and Safety department within 2 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.

Name: _____

Date: _____

Signature: _____

If student is under 18 years old, please have legal guardian sign.

Guardian Name: _____

Date: _____