

KINGSTON HEALTH SCIENCES CENTRE

Volunteer Health Screening Information

As a prerequisite for volunteering at the Kingston General Hospital site or Hotel Dieu Hospital site of Kingston Health Sciences Centre (KHSC), individuals who carry on activities must meet the communicable disease surveillance requirements as stipulated in the *Public Hospitals Act (Regulation 965)*. In addition, KHSC policy currently requires full vaccination against COVID-19.

The only exceptions that will be considered are for those who are medically unable to receive the required vaccine(s) OR otherwise have a bona fide exemption. In such as case, requests for exemption must be submitted along with supporting evidence of the need for an exemption so that an assessment can be undertaken to determine whether the exemption can be safely accommodated in our environment.

This means, prior to volunteering at KHSC, you must submit both of the following forms to the Volunteer Services department:

- 1) **Proof of Immunity - Part 1**
- 2) **Tuberculosis (TB) Screening (skin test) - Part 2**

Forms can be submitted to Volunteer Services by: **email:** volunteer@kingstonhsc.ca, **Fax:** 613-548-2475, or can be dropped off to the Volunteer Services Office at KGH or HDH.

Health Care Practitioners may or may not charge a fee for any required vaccinations and for completion of the form. If there is a fee, with receipts, you can request reimbursement from KHSC Volunteer Services after 3 months of volunteer service. If seeking reimbursement from KHSC, you are encouraged to access the least expensive option to have these forms completed. Please note, if there are financial barriers that prevent you from waiting three months for reimbursement, we encourage you to speak with a staff member in Volunteer Services. The Department does not want a financial barrier to prevent one from volunteering at KHSC.

IF YOU HAVE QUESTIONS ABOUT THE HEALTH SCREENING REQUIREMENTS, PLEASE CONTACT OUR OCCUPATIONAL HEALTH & SAFETY DEPARTMENT DIRECTLY AT 613-549-6666 ext. 4389

Proof of Immunity- Part 1

Have your own physician/health care practitioner complete the Proof of Immunity Form - Part 1. If you are missing evidence of immunity, have your physician provide you with the necessary vaccinations or check your immunity levels (blood work) to verify your immunity to the diseases listed on the form. If you do not have a physician/health care practitioner, you may visit a walk-in-clinic.

Tuberculosis (TB) Screening (Skin Test) - Part 2

Have your own physician/health care practitioner complete the TB skin test and form. If you do not have a physician/health care practitioner you may visit a walk-in clinic. Note: Tuberculosis skin testing is not covered by OHIP and carries a charge. There may also be a charge for completion of the form.

No Family Doctor?

A couple other local places you can have these forms completed are:

CDK Walk-in Clinic

175 Princess Street, Kingston ON, 613-766-0318 <https://www.cdkmd.com/>

Walk-In times: Monday through Friday 9 am- 5 pm and Saturdays 10am- 2 pm

Kingston Travel Vaccination Clinic

902 Portsmouth Ave., Kingston, ON, 613-546-2321 <https://www.kingstontravel.ca/>

CDK Walk-In Clinic at 105 Sutherland Drive

Good Doctors Kingston at 728 Milford Drive

If you are a student at St Lawrence College or Queen's, at their student health services

*Please be sure to BRING YOUR IMMUNIZATION RECORDS to your appointment.

Volunteer Health Screening

Proof of Immunity- Part 1

Name of Volunteer: _____

DOB: _____

Dear Physician/Health Care Practitioner:

As a prerequisite for volunteering at Kingston Health Sciences Centre (KHSC), individuals who carry on activities within the hospital must meet the communicable disease surveillance requirements as stipulated in the *Public Hospitals Act (Regulation 965)*. In addition, KHSC policy currently requires full vaccination against COVID-19.

The only exceptions that will be considered are for those who are medically unable to receive the required vaccine(s) OR otherwise have a bona fide exemption. In such as case, requests for exemption must be submitted along with supporting evidence of the need for an exemption so that as assessment can be undertaken to determine whether the exemption can be safely accommodated in our environment

Please confirm that the individual meets the following immunity requirements:

- I confirm **MEASLES IMMUNITY**: only the following is accepted as proof of immunity:
- documentation of having received 2 doses of live measles virus vaccine on or after the first birthday, or
 - serologic evidence (bloodwork) verifying immunity to measles
- I confirm **MUMPS IMMUNITY**: only the following is accepted as proof of immunity:
- documentation of having received 2 doses of mumps vaccine (MMR) given at least 4 weeks apart on or after the first birthday, or
 - serologic evidence (bloodwork) verifying immunity to mumps, or
 - documentation of laboratory confirmed mumps
- I confirm **RUBELLA IMMUNITY**: only the following is accepted as proof of immunity:
- serologic evidence (bloodwork) verifying immunity to rubella, or
 - documented evidence of immunization with live rubella virus vaccine on or after the first birthday

I confirm **VARICELLA IMMUNITY**: only the following is accepted as proof of immunity:

- documentation of 2 doses of chicken pox vaccine, or
- laboratory evidence confirming your immunity to chicken pox, or
- record showing evidence (date) that you were ill with chicken pox

Note- A self- provided history of having had the chicken pox cannot be used as evidence of immunity.

I confirm **PERTUSSIS IMMUNITY**: only the following is accepted as proof of immunity:

- immunization as an adult with one dose of T-dap (Tetanus-diphtheria acellular pertussis)

KHSC policy requires full vaccination against COVID-19 (*Note- while up-to-date COVID-19 booster doses are NOT mandatory, they are strongly recommended*)

Complete COVID-19 VACCINATION: only the following is accepted:

- Full vaccination where full vaccination is:
 - a) the full primary series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines (two doses of Moderna, Pfizer-BioNTech, Novavax, Medicago, AstraZeneca, including COVISHIELD) in any combination or one dose of Janssen (Johnson & Johnson); or
 - b) a full or partial primary series of a non-Health Canada authorized vaccine plus any additional recommended doses of a Health Canada authorized COVID-19 vaccine to complete the primary series; and
 - c) the final dose of the COVID-19 primary vaccine series was at least 14 days ago.

I am aware of the communicable disease screening requirements as outlined above and certify that

_____ **meets all requirements.**

(Name of Applicant)

Signature of Physician/Other Health Care Provider

Date

Health Care Professional's Last Name		First Name	
Full Address (No, Street)	City	Province	Postal Code
(Area Code) Telephone#	(Area Code) Fax #		

Volunteer Health Screening

Tuberculosis (TB) Screening (skin test) - Part 2

Name of Volunteer: _____

DOB: _____

Dear Physician/Health Care Practitioner:

As a prerequisite for volunteering at Kingston Health Sciences Centre (KHSC), individuals who carry on activities within the hospital must meet the communicable disease surveillance requirements as stipulated in the *Public Hospitals Act (Regulation 965)*.

TUBERCULOSIS SCREENING

a) A **two-step TB test is required unless you have had:**

- Documented results of a previous two-step skin test in the past, OR
- Documentation of a negative single step Mantoux Skin Test within the past 12 months
In which case a single step Mantoux Skin test should be given.

b) For individuals who are known to be tuberculin positive, or for those who are tuberculin skin test positive when tested in (a) above, further assessment should be done which may include a chest radiograph (depending on when last done) and/or evaluation by the individual's health care provider to rule out active disease.

I am aware of the communicable disease screening requirements as outlined above and certify that

_____ **meets all requirements.**

(Name of Applicant)

Signature of Physician/Other Health Care Provider

Date

Health Care Professional's Last Name		First Name	
Full Address (No, Street)	City	Province	Postal Code
(Area Code) Telephone#		(Area Code) Fax #	