

## **KINGSTON HEALTH SCIENCES CENTRE**

### **Communicable Disease Health Clearance Form**

As a prerequisite for working at KHSC, individuals who carry on activities at either facility must meet the communicable disease surveillance requirements as stipulated in the Public Hospitals Act (Regulation 965). These requirements are outlined in the attached document entitled “**Communicable Disease Health Clearance Requirements.**” Please do not include lab results.

In addition, Hepatitis B vaccination is recommended if you will be exposed to blood/body fluids as part of your appointment or placement. In cases where individuals interface with patients who are on airborne precautions (e.g. tuberculosis), they will be required to don an N95 respirator. To do so, the CSA standard requires the user to have been fit tested, trained, and medically cleared for respirator usage. The following N95 respirators are available for use at KHSC for those who have been fit tested & trained on their use: 3M 1860R, 3M 1860S, 3M 1870, 3M 8210, and 3M 8110S.

Should you have any questions specific to the requirements for applicants coming to KHSC, please contact KGH site Occupational Health, Safety & Wellness Department at 613-549-6666 x 4389 or HDH site Occupational Health & Safety Service at 613-544-3400 x 2264.

**Your application will remain inactive and your privileges pending until required clearance by a physician/RN is provided to our office. Please have your physician/RN complete the following form and return to the KHSC Medical Administration office.** If you do not have a local physician, the CDK Walk-In Clinic at 175 Princess Street (telephone 613-766-0318) has agreed to provide this service. The visit may be charged to OHIP (if you have OHIP coverage) however there will be a cost incurred for completion of the form and additional testing if required. CDK hours of operation are Monday-Friday 9am to 7pm; Saturday 10am to 2pm. The clinic only accepts cash and will provide a receipt as proof of payment.

Sincerely,

***Gina Morey for***

Christopher Gillies  
Chief of Medical & Academic Affairs

cc Department Head

**Communicable Disease Health Clearance Requirements**  
*as per Communicable Disease Surveillance Protocols (OHA/OMA)*

Applicant's Name:

Date:

Department of:

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**FOR USE BY PHYSICIAN PROVIDING CLEARANCE TO APPLICANT**

Complete **TUBERCULOSIS SCREENING:**

- a) Individuals whose tuberculin status is unknown, or those previously identified as tuberculin negative, require a baseline **two-step Mantoux skin test**, unless they have
- documentation of a prior two step Mantoux Skin Test, or
  - documentation of a negative single step Mantoux Skin Test within the past 12 months, or
  - two or more documented negative Mantoux Skin Tests at any time but the most recent was greater than 12 months ago,

**in which case a single step Mantoux Skin test should be given and be current within 3 months of your start date.**

- 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.

Complete **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

Complete **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

Complete **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.

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

- a **definitive history** of having had chicken pox or herpes zoster
- in cases where the individual has not had chicken pox or is uncertain, they should be screened through bloodwork; if non-immune, they should be immunized with the varicella vaccine.

**Complete 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)

I \_\_\_\_\_, certify that \_\_\_\_\_  
(PLEASE PRINT-Name of physician providing clearance) (Name of applicant)

has met the above communicable disease screening requirements for appointment to Kingston Health Sciences Centre.

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

**Please return completed form to:**

**KHSC Medical Administration  
Kingston General Hospital site, Watkins 4  
76 Stuart St. Kingston, ON K7L 2V7  
Fax 613-548-6082**