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).

That 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 (Blue Page)
2) Tuberculosis (TB) Screening (skin test)- Part 2 (Pink Page)

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.

IF YOU HAVE QUESTIONS ABOUT THIS FORM OR THE HEALTH SCREENING REQUIREMENTS, PLEASE CONTACT OUR OCCUPATIONAL HEALTH 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 (bloodwork) 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. There may or may not be a charge for any required vaccinations and for completion of the form.

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

You have two options to complete the two-step Mantoux skin test (Tuberculosis test) screening:

1. 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 significant charge. There may also be a charge for completion of the form.

   OR

2. Have the KGH or HDH Site Occupational Health Department complete the TB skin test and form at a reduced cost of $25 per test. If you will be seeking reimbursement from Kingston Health Sciences Centre you are encouraged to access the least expensive option.
If you are having this completed at Hotel Dieu or Kingston General Hospital Site Occupational Health Department:

- No appointment is necessary- it is a drop in clinic (see details below for available days)
- Cost per test is $25 for volunteers. You need to pay in advance for it at the Cashier’s Office and bring your receipt to the Occupational Health department to receive the test. Information Desk volunteers at both hospitals are in the main lobby and can direct you to the Cashier and Occupational Health.
- The $25 covers the cost of one test, the reading 48 hours later, and completion of paperwork/form. In total a two-step TB test completed at the hospital will be $50.
- Bring the Tuberculosis (TB) Screening (skin test)- Part 2 Form with you to Occupational Health and they will complete it after performing and reading your skin test.

**Hotel Dieu Hospital Site –TB Skin Testing Clinics for Volunteers:**

- Occur the 4th Tuesday of every month from 11:00 a.m. -12:00 p.m.
- The TB test must be read by the Occupational Health Nurse on Thursday (48 hours later) between 11:00 a.m. -12:00 p.m. The volunteer will be provided with documentation after the test is read.
- Cashier office hours are 8:30 a.m. – 4:00 p.m. (open through lunch hour)

**Kingston General Hospital Site -TB skin Testing Clinics for Volunteers:**

- Occurs the 2nd Wednesday of every month from 11:00 a.m. -12:00 p.m.
- The TB test must be read by the Occupational Health Nurse on Friday (48 hours later) between 11:00 a.m. -12:00 p.m. The volunteer will be provided with documentation after the test is read.
- Cashier office hours are 9:30 a.m.-4:00 p.m. (Note: closed for lunch from 12:30 -1:30 p.m.)

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**No Family Doctor?**

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

- CDK Walk-In Clinic at 175 Princess Street
- 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
KINGSTON HEALTH SCIENCES CENTRE
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). 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)

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

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*KINGSTON HEALTH SCIENCES CENTRE
Volunteer Health Screening
Tuberculosis (TB) Screening (skin test)- Part 2

*Bring this form to the HDH or KGH Occupational Health Dept. if they are doing your TB skin testing.

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). Please confirm that the individual has the required screening:

☐ I confirm TUBERCULOSIS SCREENING as outlined below

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.

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

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