EOHU Eastern Ontario Health Unit BSEO Bureau de santé de l'est de l'Ontario

Immunization/Health Assessment for all persons working in Licensed Child Care Centres

Under the Child Care and Early Years Act, "Every licensee of a child care centre shall ensure that, before commencing employment, each person employed...has a health assessment and immunization as recommended by the local Medical Officer of Health." Eastern Ontario Health Unit requires all childcare employees to have up-to-date immunization as listed below. Students and volunteers are also recommended to receive these vaccines.

Vaccine	Required for staff, students and volunteers
Hepatitis B (Recombivax, Engerix, Twinrix)	2 or 3 doses, depending on age
Measles/Mumps/Rubella (MMR)* (Priorix, MMR II, Priorix Tetra, ProQuad)	2 documented doses of MMR vaccine or proof of immunity (blood test). Those born before 1970 are considered immune. Staff born between 1970 to 1992 may have only one dose of MMR vaccine as a child and may require a second dose.
Diphtheria/Tetanus/Pertussis (Tdap)* (Adacel, Adacel-Polio, Boostrix, Td Adsorbed)	1 dose of Tdap in adulthood then tetanus and diphtheria (td*) vaccine booster every 10 years.
Varicella (chicken pox) (Varivax, Varilrix, Prorix Tetra, ProQuad)	2 doses of chickenpox vaccine or proof of immunity (self-reported history of chickenpox or a blood test).

Vaccines strongly suggested for staff, students and volunteers (especially for persons who care for children under 5 years of age)

Influenza*	Every year in the fall, at the start of flu season.
Covid*	Primary series and boosters.

*These vaccines are publicly funded in Ontario.

Exemptions: A valid exemption for medical, religious or philosophical reasons should be kept in the employee's file. If the disease appears in the Child Care Centre, unvaccinated staff will be excluded from childcare until the outbreak is declared over to minimize the risk of spreading the disease. This is for the protection of the unvaccinated staff.

Tuberculosis Screening: Screening of employees working in child care settings **should be restricted** to those who are at high risk of active tuberculosis.

High risk individuals include:

- contacts with recent exposure to a known TB case
- persons with HIV infection
- persons born in countries with a high prevalence of tuberculosis
- persons with a history of active TB or chest x-ray suggestive of past TB and inadequate therapy
- persons with high-risk medical conditions such as silicosis, chronic renal failure, diabetes mellitus, conditions requiring immunosuppressive agents
- travellers who are visiting high-incidence TB-endemic areas who have one of the following risks:
  - a medical condition that increases the risk of active disease following infection
  - prolonged travel (greater than one month)
  - intention to work in health care, refugee or other high-risk setting during travel

For the above, it is recommended that a two-step tuberculin skin test record be provided to the employer PRIOR to employment or within 6 months of the start date. All positive skin tests must be reported to the Public Health.

10637 IMM-23e

If you require this information in an alternate format, please call 1 800 267-7120 and press 0.

Please complete or have your health care provider complete the other side of this form and return it to the Licensed Child Care Centre before commencing employment.

Employee Name: _____
LAST NAME MIDDLE NAME FIRST NAME

Date of Birth: _____
(YYYY/MM/DD)

Home Address: _____
NUMBER STREETNAME UNIT # CITY PROVINCE POSTAL CODE

Emergency Contact: _____
LAST NAME FIRST NAME

Telephone Number: _____
MOBILE BUSINESS

Most recent dates for required immunization

Vaccine	Date (YY/MM/DD)	Date (YY/MM/DD)	Date (YY/MM/DD)	Blood Titer Result (Immune/non-immune)	Booster dose (If required) Date (YY/MM/DD)
Hepatitis B					
MMR					
Varicella			Self-reported history ☐		
Td/Tdap				**N/A**	**N/A**
Influenza				**N/A**	**N/A**
COVID-19				**N/A**	**N/A**

Tuberculosis Screening (ONLY IF HIGH RISK – see back of this page) – To be completed by your Health Care Provider

Tuberculin Skin Test	**Date given** (YY/MM/DD)	**Date read** (YY/MM/DD)	Size of Induration	Result
Step 1			_____ mm	
Step 2			_____ mm	
Chest X-Ray (if required)		N/A	N/A	

Interpretation: positive or negative. If positive, report to Eastern Ontario Health Unit (EOHU) at 613-933-1375 and consider LTBI treatment.
This form is to be returned to the Operator of this Licensed Child Care Centre.

NOTE: In the event of a confirmed and/or suspected vaccine preventable disease outbreak, the EOHU may request this information for employees/volunteers. If requested, the personal health information on this form is collected under the authority of the Health Protection Act, R.S.O. 1990, c.h.7 and will be used by the EOHU Vaccine Preventable Diseases and Infectious Disease Program to assess immunization status and follow-up of vaccine preventable diseases of public health significance. For more information, please call a Vaccine Preventable Disease program nurse at 613-933-1375 or 1-800- 267-7120.