

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: _____
HOME BUSINESS

Most recent dates for required immunization

Vaccine	Date (YY/MM/DD)	Date (YY/MM/DD)	Date (YY/MM/DD)
Tdap	_____	_____	_____
Td	_____	_____	_____
MMR	_____	_____	_____
Varicella	_____	_____	_____
Hepatitis B	_____	_____	_____
Influenza	_____	_____	_____

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

	Date given (YY/MM/DD)	Date read (YY/MM/DD)	Induration Size (mm)/result
Tuberculin Skin Test	_____	_____	_____

	Date (YY/MM/DD)	Result
Chest X-Ray (if required)	_____	_____

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 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.