



NAME OF PATIENT: _____ DATE OF BIRTH: _____

TO BE COMPLETED BY HEALTHCARE PROFESSIONAL

VACCINATION FORM TO BECOME A VOLUNTEER

-As a volunteer, you may be exposed to patients with infectious diseases. If you contract an infectious disease and come to volunteer, you may also expose the vulnerable patients to it and be a risk for the hospital.

-Consequently, it is mandatory to provide evidence of immunity for the following vaccine-preventable diseases: **pertussis, measles, mumps, rubella and varicella**. A copy of your immunization booklet indicating required doses for these diseases may be submitted.

-If you have no documentation, you may contact your local CLSC (www.vaccines411.ca) or your family doctor to have this done and documented in a vaccine booklet. Blood testing can be done (serology) to demonstrate immunity to rubella and varicella.

-Updating vaccines for **diphtheria/tetanus** is recommended for your own protection.

-Any costs for these requirements are the responsibility of the applicant/volunteer

PERTUSSIS:

One dose is required after age 14 : (dTap, Adacel, Boostrix)	If you had it after age 14 : Date : _____ dd/mm/yy	If you did not have it after age 14 , it is mandatory : Date : _____ dd/mm/yy
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MEASLES, MUMPS, RUBELLA (MMR):

Persons born before 1970 are considered immune to measles and mumps <u>except for rubella</u>	Persons born before 1970: Documented proof that you are immune to rubella : -serology or vaccination proof for rubella -if serology is negative: mandatory to have: 1 dose of MMR : _____ dd/mm/yy	Persons born after 1970 : <u>Written proof for :</u> -2 doses of vaccine for measles -1 dose of vaccine for mumps -1 dose of vaccine for rubella or: serology for rubella -if serology is negative : mandatory to have 2 doses of MMR : 1) _____ 2) _____ dd/mm/yy dd/mm/yy
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VARICELLA (CHICKEN POX):

If you have been vaccinated before age 13 : one dose of vaccine: _____ dd/mm/yy	If you have been vaccinated after age 13 : 2 doses ,one month apart 1) _____ dd/mm/yy 2) _____ dd/mm/yy	If you have not been vaccinated : Positive serology for varicella (chicken pox) is mandatory
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Physician's (Nurse's) name and signature _____

Licence # _____

Date: _____