



## Occupational Health, Safety & Wellness Immunization & Infectious Diseases Screening

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birth Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Health Card # \_\_\_\_\_

Health care provider: \_\_\_\_\_

	History Yes/No	Date Vaccine Given (DD/MM/YYYY)	Serology Date (DD/MM/YYYY)	Serology Result
<b>Varicella</b> (Chicken Pox) If history, provide serology results		1) 2)		
<b>Tdap</b> Tetanus/Diphtheria/Pertussis (Must be within 10 years and date documented)				
<b>MMR</b> Measles Mumps Rubella		1) 2)		
<b>COVID-19</b>		1) 2)	<input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Astrazeneca <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Astrazeneca	

Only Employees with **Direct Patient Contact** or those at risk of patient blood or body fluid exposure must provide written confirmation of the vaccine series and proof of immunity via serology:

	Date Vaccine Given (DD/MM/YYYY)	Serology Date (DD/MM/YYYY)	Serology Result
<b>Hepatitis B -Series 1</b>	1) 2) 3)		
<b>Hepatitis B- Series 2</b> <i>only required if not immune after initial series</i>	1) 2) 3)		

	Date Given (DD/MM/YYYY)	Date of Read: (DD/MM/YYYY)	Result
<b>Tuberculosis*</b>	1 <sup>st</sup> step:		mm
	2 <sup>nd</sup> step:		mm
	BCG Date (if applicable):	CXR Result (if applicable):	

**\*Tuberculosis:**

- Please provide any TB related treatments, chest x-rays results, BCG vaccination documentation, as well as, any previous documented Step 1 or Step 2. Occupational Health can provide TB testing, if necessary

I authorize Occupational Health Safety & Wellness professionals to access my Public Health immunization record for the purposes of ensuring my personal health and safety as it pertains to vaccine preventable communicable disease. All personal health information on this form is confidential; only fitness to work information will be provided to my employer.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature

Send completed form to: [OH2preplacements@nshealth.ca](mailto:OH2preplacements@nshealth.ca)

## Occupational Health, Safety & Wellness Immunization & Infectious Diseases Screening

ZONE	Locations of Preplacement Appointments Within the Zone	Public Health <a href="http://www.nshealth.ca/public-health-offices">www.nshealth.ca/public-health-offices</a>
<b>CENTRAL ZONE</b>	<p><b>QEII Health Sciences Centre</b> Bethune Bldg, Rm B31 1276 South Park St. Halifax, NS B3H 2Y9 <b>FAX: 902-425-7229</b></p>	<p><b>Halifax/Dartmouth</b> Public Health 7 Mellor Ave, Unit 5 Burnside 902-481-5890 Fax: 902-481-5803</p> <p><a href="mailto:immunizationrecordrequest@nshealth.ca">immunizationrecordrequest@nshealth.ca</a></p>
<b>EASTERN ZONE</b>	<p><b>Cape Breton Regional Hospital</b> 1482 George St. Sydney, NS B1P1P3 <b>FAX: 902-567-8113</b></p> <p><b>St. Martha's Hospital</b> 25 Bay St. Antigonish, NS B2G 2G5 <b>FAX: 902-863-6455</b></p>	<p><b>Sydney</b> Public Health 235 Townsend Street 2nd Floor Phone: 902-563-2400 Fax: 902-563-050</p> <p><b>Antigonish</b> Public Health 23 Bay Street, Suite 2N Phone: 902-867-4500 ext. 4800 Fax: 902-863-7476</p>
<b>NORTHERN ZONE</b>	<p><b>Colchester East Hants Hospital</b> 600 Abenaki Road Truro, NS B2N 5A1 Level 2/ A Wing Room A2-009.1 <b>FAX: 902-895-2524</b></p> <p><b>Cumberland Regional Health Care Centre</b> Main Floor, Room 1676 19428 Highway #2 Amherst, NS B4H 3Y4 <b>FAX: 902-667-9606</b></p> <p><b>Aberdeen Hospital</b> Room Basement B-211 835 East River Road New Glasgow, NS B2H 3S6 <b>FAX: 902-752-3492</b></p>	<p><b>Truro</b> Health Information 600 Abenaki Road Level 1/Wing C1-1500 Phone: 902-893-5554 EXT 42295 Fax: 902-893-5550</p> <p><b>Amherst</b> 18 South Albion Street Phone: 902-667-3319 or 1-800-767-3319 Fax: 902-667-2273</p> <p><b>New Glasgow</b> Health Information 835 East River Road Phone: 902-752-7600 Ext 2300 Fax: 902-752-2332</p>
<b>WESTERN ZONE</b>	<p><b>Yarmouth Regional Hospital</b> 60 Vancouver Street Yarmouth, NS B5A 2P5 <b>FAX: 902-742-5787</b></p> <p><b>South Shore Regional Hospital</b> 90 Glen Allan Drive Bridgewater, NS B4V 3S6 <b>FAX: 902-634-3481</b></p> <p><b>Valley Regional Hospital</b> 150 Exhibition Street Kentville, NS B4N 5E3 <b>FAX: 902-678-9322</b></p>	<p><b>Yarmouth</b> Public Health 60 Vancouver Street 4th Floor, Building B Phone: 902-742-7141 Fax: 902-742-6062</p> <p>Immunization request line 1-844-515-0675</p>