

**Arrell Youth Centre
Health Assessment**

Employee Name: _____

We are required, as part of the Ministry of Children and Youth Services Division, Licensing, R.R.O. 1990, Reg. 70 Sec.75, to ensure that each person employed in a residence receives such immunization as recommended by the local medical officer of health and a Health Assessment before the person commences employment.

It is important in your health assessment that your physician comments on the following as recommended by the Regional Medical Officer of Health:

1. Confirmation that you have received booster doses for **diphtheria and tetanus** in the last ten years.

Dates of Tdp: 1) _____ 2) _____ 3) _____

2. Review of **polio** immunization status and confirmation you have received the primary series.

Dates of PV: 1) _____ 2) _____ 3) _____

3. If you were born in 1957 or later and have no documented record of **measles** immunization or are known to have no evidence of immunity by blood test should have 1 dose of MMR given.

Date of MMR: _____

4. If you do not have documentation that supports your **rubella** vaccination after your first birthday or without serologic evidence of immunity you need to have your doctor vaccinate you.

Date of Rubella Vaccination: _____

5. Review **tuberculosis (TB)** infection status. Pre-employment screening requires a two-step skin test for all new employees with unknown or negative skin test history and appropriate follow up. If you have been previously treated for TB or have a documented positive skin test you should have a chest X-ray.

Date of Mantoux Skin Test: _____

6. The following **optional** program available to all of our full-time, part-time and relief staff. All staff who, in the normal course of their daily duties, are at risk of exposure to blood born diseases such as Hepatitis B, will be reimbursed for the cost of vaccination against such diseases. Upon provision of documentation from a qualified medical practitioner, certifying that the full course of vaccinations (3 are required) has been received, you will be reimbursed for the full cost. Since the full course of injections is required for the vaccination to be effective, you will not be able to recover the cost of partial vaccination.

Dates of hepatitis B Vaccine: 1) _____ 2) _____ 3) _____

Physician's comments on your ability to perform the essential duties of the Relief Worker position described in the attached job description and the nature of any accommodation which may be required.

Physician's Signature: _____ Date: _____

