



OCCUPATIONAL HEALTH & SAFETY NEW EMPLOYEE FORM

Complete this document and attach all immunization records from childhood, school, physician offices and previous employers.

PERSONAL INFORMATION - please print

Name: Surname First Name Middle Initial Previous name(s), if applicable
Date of Birth: DD/MM/YYYY Male Female
Provincial Health Card #:
Allergy(s):
Reaction: Severity:
Telephone: Home: Cell:
Position: Department:
Site: Manager/Supervisor Name
Employee Number Previous SHA employee? Yes No
Previous N95 Respirator Fit Test YES NO (If Yes, please attach record of Fit Test.)
Immunization Records attached Immunization Records to follow
I give SHA OH&S permission to access my immunization related data in the eHealth Saskatchewan database
Employee Signature: Date:

For Office Use Only:

Immunization Notice sent:

- Up to date - no immunization required at this time
Tuberculin Skin Test (TST) One Step Two Step
Hepatitis B (HB) #1 #2 #3 #4 #5 #6
Measles, Mumps & Rubella (MMR) #1 #2
Polio #1 #2 #3
Tetanus, Diptheria, acellular Pertusis (Tdap)
Tetanus, Diptheria (Td) #1 #2 Booster
Varicella #1 #2
Influenza

Notes:

Serology Requisition sent: Hepatitis B Measles Mumps Rubella Varicella

Respiratory Fit Test Reminder & User Screening Form sent: YES NO

Reviewed & Notice sent: Date:

Seen in OH&S office: Date:

If Applicable, non-compliant email sent to: Date: