



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: _____ Male Female
DD/MM/YYYY

Provincial Health Card #: _____

Allergy(s): _____

Reaction: _____ Severity: _____

Telephone: Home: _____ Cell: _____

Position: _____ Department: _____

Site: _____ Manager/Supervisor Name _____

Employee Number _____ Previous SHR 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 SHR 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

Reviewed & Notice sent: _____ Date: _____

Seen in OH&S office: _____ Date: _____

Respiratory Fit Test Assessment: FIT Test NOT Required FIT Test Required

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