

Complete Section A of this form and attach all of your immunization records (childhood, post-secondary education, physician offices and previous employers) and respirator fit testing documentation.

Section A) 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 Number: _____

Any Known Allergies: Yes, list _____ No

Contact Information: Home: _____ Work: _____

Position Title: _____ Site: _____ Department: _____

Employee Number: _____

Previously employed with Saskatchewan Health Authority – Saskatoon & Area? Yes No

Manager/Supervisor Name: _____

Employee Signature: _____ Date: _____

Saskatchewan Health Authority – Saskatoon & Area OH&S will access your immunization records and immunization related serological testing in the eHealth Saskatchewan database.

Section B) FOR OH&S OFFICE USE ONLY

Immunization Records received and reviewed: Yes No, eHealth reviewed, no immunization records available, reminder sent

A) Immunization(s)/Tuberculin Skin Test

Employee is up to date; OH&S does not recommend any immunization(s)/tuberculin skin test at this time

Employee is not up to date; immunization reminder notice sent recommending:

- Tuberculin Skin Test
- Hepatitis B vaccine
- Measles, Mumps, Rubella vaccine
- Varicella vaccine
- Polio vaccine
- Tetanus, Diphtheria, acellular Pertussis vaccine
- Tetanus, Diphtheria vaccine

B) Serology

Employee is up to date; OH&S does not recommend any blood work at this time

Employee is not up to date; blood work requisition sent requesting:

- Hepatitis B surface Antibody
- Measles
- Mumps
- Rubella
- Varicella

Completed by: _____ Date: _____