

# MOH - AMBULANCE SERVICES IMMUNIZATION and COMMUNICABLE DISEASE REPORT

This is to certify that, \_\_\_\_\_ is free from, and

has been immunized against the listed diseases in Table 1 – Part A of the Ministry of Health and Long Term Care – Ambulance Service Communicable Disease Standards, Version 2.0, or, such immunization is medically contraindicated, or, there is laboratory evidence of immunity, or, there is medically documented diagnosis or verification of history. **The report must be filled in full and signed by a physician to be valid.** If proof of immunization report is provided with this document, please document on this form to refer to the report.

TABLE 1 - PART A		
Disease	Schedule	Date of Immunization
Tetanus Diphtheria	Primary series (3 doses) if unimmunized Td booster doses every 10 years.	
Pertussis	1 single dose of tetanus diphtheria acellular pertussis (Tdap) vaccine regardless of age if not previously received in adulthood.	
Polio	Primary series (3 doses) if previously unimmunized or unknown polio immunization history.	
Varicella (Chickenpox)	2 doses if no evidence of immunity.	
Measles	2 doses if no evidence of immunity regardless of age.	
Rubella	1 single dose if no evidence of immunity.	
Mumps	2 doses if no evidence of immunity.	
Hepatitis B	2 – 4 age appropriate doses with serologic testing within 1 to 6 months after completing the series.	

List exceptions to immunization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please use reverse if required

SERVICES

Physician's Stamp

\_\_\_\_\_  
*Physician's Name*

Signed by \_\_\_\_\_ on \_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_  
*Physician's signature*

This form complies with the conditions of the *Ambulance Act*, Ontario Regulation 257/00, Part III of the Regulations (Qualifications of EMA's and Paramedics) Section 6, subsection 1 (g) and (h).



Name:	
Student ID #:	
Program:	

## Tuberculosis Skin Testing (TB skin test, TST, Mantoux test)

Please complete: Option 1, 2 or 3.

Option	Requirement	Authorization																					
<b>OPTION #1</b>	<b>TB Skin test (2-step)</b>																						
<p>For students who:</p> <ul style="list-style-type: none"> <li>Have never received a 2-step TB skin test</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Are unable to provide documentation of receiving a 2-step TB skin test</li> </ul>	<p>An initial 2-step TB skin test is required for anyone completing TB skin testing. If there is a negative result, subsequent TB skin testing will be a 1-step (with supporting documentation).</p> <p>Please refer to TB skin testing guidelines from the <b>Public Health Agency of Canada</b>.</p> <table border="1"> <tr> <td><b>1st</b></td> <td>TB skin test plant</td> <td>TB skin test read</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration</td> </tr> <tr> <td colspan="3"><b>THEN</b></td> </tr> <tr> <td><b>2nd</b></td> <td>TB skin test plant</td> <td>TB skin test read</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration</td> </tr> </table> <p><u><a href="#">If TB skin test result is positive:</a></u></p> <p>Required documents:</p> <ul style="list-style-type: none"> <li>Attach copy of chest x-ray report, completed within the last 12 months</li> <li>Attach any subsequent referral/treatment with your completed Immunization - Communicable Disease Form</li> </ul>	<b>1st</b>	TB skin test plant	TB skin test read	Dates:			Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration			<b>THEN</b>			<b>2nd</b>	TB skin test plant	TB skin test read	Dates:			Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration			<hr/> <p>Signature and designation of attesting MD, RN or RPN</p> <hr/> <p>Date</p> <div style="border: 1px dashed black; padding: 20px; text-align: center; margin-top: 20px;"> <p><i>OFFICE STAMP</i></p> </div>
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Name:	
Student ID #:	
Program:	

### Tuberculosis Skin Testing Continued

Option	Requirement	Authorization																											
<b>OPTION #2 TB Skin test (1-step)</b>																													
<p>For students who:</p> <ul style="list-style-type: none"> <li>Have documentation of a previous 2-step TB test with a <b>negative result</b></li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>Require an up to date 1-step TB skin test</li> </ul>	<p>A 1-step TB skin test is required for students who have completed a prior 2-step TB skin test.</p> <p>Please refer to TB skin testing guidelines from the <b>Public Health Agency of Canada</b>.</p> <p><b>1. <u>Provide results of previous 2-step TB skin test</u></b></p> <table border="1"> <tr> <td><b>1st</b></td> <td>TB skin test plant</td> <td>TB skin test read</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td colspan="2"><input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration</td> </tr> </table> <table border="1"> <tr> <td><b>2nd</b></td> <td>TB skin test plant</td> <td>TB skin test read</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td colspan="2"><input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration</td> </tr> </table> <p><b>AND</b></p> <p><b>2. <u>Current 1-step TB skin Test</u></b></p> <table border="1"> <tr> <td></td> <td>TB skin test plant</td> <td>TB skin test read</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td colspan="2"><input type="checkbox"/> Negative <input type="checkbox"/> Positive ___mm induration</td> </tr> </table> <p><b><u>If TB skin test result is positive:</u></b></p> <p>Required documents:</p> <ul style="list-style-type: none"> <li>Attach copy of chest x-ray report, completed within the last 12 months</li> <li>Attach any subsequent referral/treatment with your completed Immunization - Communicable Disease Form</li> </ul>	<b>1st</b>	TB skin test plant	TB skin test read	Dates:			Result:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration		<b>2nd</b>	TB skin test plant	TB skin test read	Dates:			Result:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration			TB skin test plant	TB skin test read	Dates:			Result:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive ___mm induration		<hr/> <p>Signature and designation of attesting MD, RN or RPN</p> <hr/> <p>Date</p> <hr/> <div style="border: 1px dashed black; padding: 20px; text-align: center;"> <p>OFFICE STAMP</p> </div>
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Name:	
Student ID #:	
Program:	

### Tuberculosis Skin Testing Continued

Option	Requirement	Authorization									
<b>OPTION #3</b>											
<b>Documentation Required</b>											
<p>For students who:</p> <ul style="list-style-type: none"> <li>Have received a <b>previous positive</b> TB skin test result</li> </ul>	<p>Provide documentation of previous positive test. No further skin testing is required if a student has had a previous positive TB skin test result.</p> <p>Please refer to TB skin testing guidelines from the <b>Public Health Agency of Canada</b>.</p> <p><b>1. <u>Previous positive TB skin test result</u></b></p> <table border="1"> <tr> <td></td> <td>TB skin test plant</td> <td>TB skin test read</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td colspan="2"><input type="checkbox"/> Positive _____ mm induration</td> </tr> </table> <p><b>AND</b></p> <p><b>2. <u>Required Documents</u></b></p> <ul style="list-style-type: none"> <li>Attach <b>copy</b> of the chest x-ray report, completed within the last <b>12 months</b></li> <li>Attach any subsequent referral/treatment received in relation to the positive TB test result</li> </ul>		TB skin test plant	TB skin test read	Dates:			Result:	<input type="checkbox"/> Positive _____ mm induration		<hr/> <p>Signature and designation of attesting MD, RN or RPN</p> <hr/> <p>Date</p> <div style="border: 1px dashed black; padding: 20px; text-align: center; margin-top: 20px;"> <p><i>OFFICE STAMP</i></p> </div>
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