TEAM MEMBER MEDICAL CERTIFICATE

Dear Physician,

I, _____ am applying for employment at _____.
Team members working in a Retirement Residence in Ontario are required to provide evidence of immunity of infectious disease as outline below in order to be eligible for employment. RHA.O. Reg. 166111, s. 27 (8).

I authorize Dr._____ to complete this form to the best of his/her knowledge according to his/her personal assessments and the information in my medical records.

Team Member Signature: _____ Date:_____

Infectious Disease Screening or History:

Varicella: Yes □ No □ **Chicken Pox:** Yes □ No □ **Shingles:** Yes □ No □ **Hepatitis:** Yes □ No □

Screening is mandatory for all Team Members of a retirement residence in Ontario. RHA.O. Reg.166111, s.27 (8) (d)

Step #1 Tuberculin Skin Test (TST)		
Given: D_____/ M_____/ Y_____	Site : Left Forearm □	Right Forearm □
Read: D_____/ M_____/ Y_____	Site : Left Forearm □	Right Forearm □
Interpretation: Negative □	Positive □	
Chest x-ray is required for all positive TST. Please attach a copy of the report. Completed: Yes □	No □	
Step #2 Tuberculin Skin Test (TST)		
Given: D_____/ M_____/ Y_____	Site : Left Forearm □	Right Forearm □
Read: D_____/ M_____/ Y_____	Site : Left Forearm □	Right Forearm □
Interpretation: Negative □	Positive □	
TST is mandatory for all employees of a Retirement Resident. RHA.O. Reg. 166111 s. 27 (8) (c)		

Current Immunization Status:

Tetanus:	**Yes** □	No □	D_____/ M_____/ Y_____
Varicella:	**Yes** □	No □	D_____/ M_____/ Y_____
MMR:	**Yes** □	No □	D_____/ M_____/ Y_____
Influenza:	**Yes** □	No □	D_____/ M_____/ Y_____
Pertussis:	**Yes** □	No □	D_____/ M_____/ Y_____

Please attach laboratory evidence of immunity or disease if applicable

Physician Signature: _____ Date: _____