



Paladin Security

Pre-Placement Confidential Immunization Record

Paladin Security Group Ltd., in keeping with The Public Hospitals Act, Ontario Hospital Association and Ontario Medical Association Guidelines, requires the following **to be completed** prior to commencement of work at **any** Paladin site.

NAME: _____ DATE: _____
(please print)

MEASLES, MUMPS AND RUBELLA:

Date of Birth: _____ (considered immune to Measles and Mumps if born before 1970)

Laboratory Results

Red Measles Immunity: Result _____ **Date** _____

Rubella Immunity: Result _____ **Date** _____

Mumps Immunity: Result _____ **Date** _____

OR

Date(s) of Vaccination: Measles, Mumps, Rubella (MMR)

NOTE: Documentation of a second vaccination of MMR is required for measles and mumps.

1. **Date:** _____ and 2. **Date:** _____ 3. **Date (booster):** _____
(If indicated)

VARICELLA:

1. **History of Chickenpox or Shingles Yes** _____, **No*** _____, **Unknown*** _____.

**If no or unknown immunity, laboratory titre is required:*

Date of Titre: _____, **Result:** _____

2. **Primary series (2 doses)s is recommended if non-immune: Varivax: given at least 28 days apart.**

(1) **Date:** _____ (2) **Date:** _____



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TUBERCULOSIS INVESTIGATION (to be done prior to starting contract). Pregnancy and/or previous BCG vaccination is not a contraindication for performance of Mantoux testing.

Baseline: Two-step Mantoux test is required for all persons identified as skin test negative or previously vaccinated with Bacille Calmette-Guerin (BCG)

Exceptions:

- History of severe blistering reaction following the test in the past
- Documented active TB
- Clear history of treatment of TB in the past
- Major viral illness (persons with common cold can be tested)
- Live virus vaccine in the past month

	Date of Mantoux Test	Date of Reading (must be read within 48-72 hours)	Result (mm in duration)
STEP # 1			
STEP # 2 (to be done 7-21 days later)			
Annual Testing (after baseline 2-step established)			

If history of positive Mantoux skin test:

- ◆ Have you had BCG vaccination? YES Date _____, NO , Unknown
- ◆ Chest X-ray done if TB skin test > 10mm? YES NO
If yes, date x-ray taken (day/month/year) _____ Result: _____
- ◆ Have you been treated for TB? Yes No Date: _____ Duration: _____
- ◆ **Any current signs or symptoms of active TB? (to be completed by a physician) Yes No**

If Mantoux skin test is > 10mm and reflects a recent conversion, you are required to follow up with your personal physician. Public Health must also be notified.

PHYSICIAN'S COMMENTS:

Physician's Signature: _____
Physician's Stamp:

Date: _____

I declare that the information provided above is accurate to the best of my knowledge.

Employee Signature: _____

Date: _____

Note: submitting falsified or fraudulent documents, certifications, and/or immunization records may result in progressive discipline (including termination of employment) and other consequences.