

KINGSTON HEALTH SCIENCES CENTRE

Volunteer Health Screening

As a prerequisite for volunteering at Kingston General Hospital or Hotel Dieu Hospital, individuals who carry on activities must meet the communicable disease surveillance requirements as stipulated in the Public Hospitals Act (Regulation 965). This includes a Tuberculosis test and immunization verification. Prior to volunteering at KHSC you must submit this signed Health Screening Form to the Volunteer Services department by:

Email: volunteer@kingstonhsc.ca

Fax: 613-548-2475

or drop it off at the KGH or HDH Volunteer Services office where you plan to volunteer

Tuberculosis Testing

You have two options to complete the **two-step Mantoux skin test** (Tuberculosis test) of the screening:

1. Have your physician or health care practitioner complete this form and return to the Volunteer office indicated above. If you do not have a primary health care practitioner and you require assistance locating a walk-in clinic, please contact Occupational Health at (613) 549-6666 ext. 4389. Tuberculosis skin testing is not covered by OHIP and carries a significant charge in most cases. Most physicians charge for completion of the form.
2. As an alternative to having this done by your own physician or other health care practitioner, TB skin testing is now available to volunteers through the KGH and HDH site Occupational Health Departments at a reduced cost of \$25 per test. **If you will be seeking reimbursement from Kingston Health Sciences Centre you are encouraged to access the least expensive option.**

If you are having this completed at Hotel Dieu or Kingston General Hospital Occupational Health Department:

- No appointment is necessary- it is a drop in clinic (details below for each hospital)
- Cost per test is \$25 for volunteers. You need to pay in advance for it at the Cashier's Office and bring your receipt to the Occupational Health department to receive the test. Information Desk volunteers at both hospitals are in the main lobby and can direct you to the Cashier and Occupational Health.
- The \$25 covers the cost of one test, the reading 48 hours later, and completion of paperwork/form. **In total a two-step TB test completed at the hospital will be \$50.**

Hotel Dieu Hospital Site TB Clinics:

- Occur the 4th Tuesday of every month from 11:00 a.m. -12:00 p.m.
- The TB test must be read by the Occupational Health Nurse on Thursday (48 hours later) between 11:00 a.m. -12:00 p.m. The volunteer will be provided with documentation after the test is read.
- Cashier office hours are 8:30 a.m. – 4:00 p.m. (open through lunch hour)

Kingston General Hospital Site TB Clinic:

- Occurs the 2nd Wednesday of every month from 11:00 a.m. -12:00 p.m.
- The TB test must be read by the Occupational Health Nurse on Friday (48 hours later) between 11:00 a.m. -12:00 p.m. The volunteer will be provided with documentation after the test is read.
- Cashier office hours are 9:30 a.m.-4:00 p.m. (Note: closed for lunch from 12:30 -1:30 p.m.)

This section to be completed **ONLY** if the Tuberculosis Testing is completed at the Occupational Health Department at Hotel Dieu Hospital or Kingston General Hospital

TB testing has been completed by Kingston Health Sciences Centre (KHSC) at the
 KGH Site or **HDH Site**, and I certify that this individual meets the TB screening requirements.

Name of Volunteer

DOB

Phone Number

Name of KHSC Registered Health Care Provider

Signature of KHSC Registered Health Care Provider

Date

KINGSTON HEALTH SCIENCES CENTRE Volunteer Health Screening

Name of Volunteer: _____

If you are having the TB testing completed by Occupational Health at Hotel Dieu Hospital or Kingston General Hospital you only need to have Parts 2 + 3 of this page completed by your health care provider.

If you are NOT having the TB testing completed at Hotel Dieu Hospital or Kingston General Hospital then you need to have Part 1, Part 2 and Part 3 completed by your health care provider.

Part 1

I confirm **TUBERCULOSIS SCREENING** as outlined below OR

a) Individuals whose tuberculin status is unknown, or those previously identified as tuberculin negative, require a baseline **two-step Mantoux skin test**, unless they have

- documentation of a prior two step Mantoux Skin Test, or
- documentation of a negative single step Mantoux Skin Test within the past 12 months, or
- two or more documented negative Mantoux Skin Tests at any time but the most recent was greater than 12 months ago,

...in which case a single step Mantoux Skin test should be given.

b) For individuals who are known to be tuberculin positive, or for those who are tuberculin skin test positive when tested in (a) above, further assessment should be done which may include a chest radiograph (depending on when last done) and/or evaluation by the individual's health care provider to rule out active disease.

Part 2

I confirm **MEASLES IMMUNITY**: only the following is accepted as proof of immunity:

- documentation of having received 2 doses of live measles virus vaccine on or after the first birthday, or
- serologic evidence (bloodwork) verifying immunity to measles

I confirm **MUMPS IMMUNITY**: only the following is accepted as proof of immunity:

- documentation of having received 2 doses of mumps vaccine (MMR) given at least 4 weeks apart on or after the first birthday, or
- serologic evidence (bloodwork) verifying immunity to mumps, or
- documentation of laboratory confirmed mumps

- I confirm **RUBELLA IMMUNITY**: only the following is accepted as proof of immunity:
- serologic evidence (bloodwork) verifying immunity to rubella, or
 - documented evidence of immunization with live rubella virus vaccine on or after the first birthday.

- I confirm **VARICELLA IMMUNITY**: only the following is accepted as proof of immunity:
- documentation of 2 doses of chicken pox vaccine, or
 - laboratory evidence confirming your immunity to chicken pox, or
 - record showing evidence (date) that you were ill with chicken pox
- Note- A self- provided history of having had the chicken pox cannot be used as evidence of immunity.*

- I confirm **PERTUSSIS IMMUNITY**: only the following is accepted as proof of immunity:
- immunization as an adult with one dose of T-dap (Tetanus-diphtheria acellular pertussis)

Part 3

FOR COMPLETION BY PHYSICIAN or other HEALTH CARE PROVIDER GIVING CLEARANCE TO THE VOLUNTEER

I am aware of the communicable disease screening requirements as outlined above and certify that

_____ **meets all requirements.**
(Name of Applicant)

Health Care Professional's Last Name	First Name		
Full Address (No, Street)	City	Province	Postal Code
(Area Code) Telephone#	(Area Code) Fax #		

Signature of Physician/Other Health Care Provider

Date