

## Vaccination Requirements for Postgraduate Learners

Occupational Health, Eastern Health must receive documented proof of primary and current vaccination against specified diseases, as well as the New Employee Health Screening Form. This screening is performed as a prerequisite to enter any institutions related to Eastern Health. **Screening, vaccination and testing is the learner's responsibility and must be completed prior to your start date with Eastern Health. All students are required to complete Sections I, II & III.** To complete outstanding requirements (**MUN grads only**) please contact Student Health at 864-7597.

Completed forms must be emailed to [occhealth@easternhealth.ca](mailto:occhealth@easternhealth.ca)  
**Clearance to start work will not be granted until complete information is received.**

Name: \_\_\_\_\_ Previous Names (if applicable): \_\_\_\_\_

Date of Birth:   dd-mmm-yyyy   Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Allergies: \_\_\_\_\_

### **SECTION I:**

Provincial NL Student Form OR AFMC Form Attached?	<input type="checkbox"/> Yes	If <b>Yes</b> , need current TST within past 12 months (after July 2022) <b>AND</b> Respiratory Fit Testing within past 2 years
	<input type="checkbox"/> No	If <b>No</b> , please complete either Provincial NL Student Form OR AFMC Form ( <a href="https://afmcstudentportal.ca/wp-content/uploads/2022/04/2020_AFMC_Student_Portal_Immuni_zation_And_Testing_Form_EN.pdf">https://afmcstudentportal.ca/wp-content/uploads/2022/04/2020_AFMC_Student_Portal_Immuni_zation_And_Testing_Form_EN.pdf</a> )

### **SECTION II:**

**Tuberculin Skin Testing (TST):** 2 step testing required. Most recent test no longer than 12 months prior to start date.

Date of test 1:   dd-mmm-yyyy   Result (in mm): \_\_\_\_\_ Date of test 2:   dd-mmm-yyyy   Result: (in mm): \_\_\_\_\_

Date of Pre –Placement TB test:   dd-mmm-yyyy   Result (in mm): \_\_\_\_\_

If **NEW** positive TST:

- Must include most recent TST results
- Chest X Ray (CXR):** Required if TST is positive (i.e. 10mm or greater induration)
- CXR Date:**       dd-mmm-yyyy        Must include CXR report

If **PREVIOUS** positive TST:

- Must include most recent TST results (above)
- Include most recent CXR Report. CXR Date:       dd-mmm-yyyy
- Indicate if any TB exposures since most recent CXR.  Yes  No Date: \_\_\_\_\_
- Perform TB Symptom Check. Results: Date:       dd-mmm-yyyy        Positive  Negative

**Respirator Fit Test:** Date:       dd-mmm-yyyy       Respirator type/size: \_\_\_\_\_  
 To be updated every two (2) years at minimum

Must provide confirmation of testing date, respirator type and size, along with a copy of the actual Fit Testing Certificate. **Respirator Fit Testing must be updated every 2 years at minimum.**

- Eastern Health utilizes 3M disposable respirators (3M 1860, 3M 1860S, 3M 1870+, 3M 8210) & Champak F550, 520M, & Champak PC 520L
- **PLEASE NOTE:** The availability/supply of various masks may change prior to the start of your residency.

**COVID-19 Vaccination:** Vaccine Name: \_\_\_\_\_ 1<sup>st</sup> Dose:   dd-mmm-yyyy   2<sup>nd</sup> Dose:   dd-mmm-yyyy  

Booster doses: \_\_\_\_\_

### **SECTION III:**

Complete the “New Employee Health Screening Form”