



OCCUPATIONAL HEALTH IMMUNIZATION RECORD

NAME: _____

DEPARTMENT: Winnipeg Fire Paramedic Service

MHSC PHIN: _____

DATE OF BIRTH: _____

A. REQUIRED IMMUNIZATIONS & ANTIBODY TESTING:

NOTE: Important changes as per the Canadian Immunization Guidelines affecting Health Care Workers regardless of year of birth. First responders are considered Health Care Workers. Paramedics and Firefighter Paramedics are considered Health Care Workers.

- Those who are at the greatest risk of measles exposure (travellers to destinations outside of North America, **health care workers**, students in post-secondary educational settings, and military personnel) should receive **2 doses of MMR vaccine** or laboratory evidence of immunity.
- **Susceptible health care workers** and military personnel born **before or after 1970: 2 doses of MMR vaccine.** No antibody testing required if 2 documented doses given.
- **If only one documented MMR**, administer a booster dose of MMR. No antibody testing is required following the booster.
- **If no MMR documentation available:**
 1. Give 2 doses MMR 4 weeks apart (*no antibody testing required after immunization*) or
 2. Laboratory immunity may be checked and then proceed with vaccines according to results

1. **MEASLES VIRUS VACCINE:** (Red, Rubeola) *Immunization Dates:* #1 _____ #2 _____

➤ Laboratory evidence of immunity (IgG) *only if required* Titre Date: _____

2. **MUMPS:** *Immunization Dates:* #1 _____ #2 _____

➤ Laboratory evidence of immunity (IgG) *only if required* Titre Date: _____

3. **RUBELLA:** *Immunization Dates:* #1 _____ #2 _____

➤ Laboratory evidence of immunity (IgG) *only if required* Titre Date: _____

4. **VARICELLA:** (Chicken Pox)

Date of disease: _____ or *Immunization Dates:* #1 _____ #2 _____

If no history of disease, proceed with vaccination schedule for health care workers up to age 50 consisting of 2 doses 4 weeks apart.

➤ Laboratory evidence of immunity (IgG) *only if required* Titre Date: _____

5. **POLIO:**

Immunization Dates: #1 _____ #2 _____ #3 _____

If no history of disease and not previously immunized as a child, proceed with vaccination schedule for health care workers up to age 50 consisting of 2 doses 4 weeks apart followed by a 3rd dose 6-12 months after the 2nd dose.

6. **HEPATITIS B VACCINE** ***NOTE: Rapid dosing (4 doses) not required.***

Dose #1 _____ Dose #2 _____ Dose #3 _____

(Titre levels to be drawn **6 weeks** after Dose #3; Children born between **1989 and 2005** should have received the series in school; Antibody and Antigen levels are still required**. Negative antibodies following a complete series will need one booster and a recheck of antibody levels in **6 weeks**. Please refer to the Canadian Immunization Guidelines for Health Care workers.

****Required:**

(HBsAb) **Results:** Hepatitis B antibody (IgG) _____ Date: _____

(HBsAg) **Results:** Hepatitis B surface antigen (IgM) _____ Date: _____

7. **COVID-19 VACCINE** (*Booster dose #3 is recommended but not required at this time*)

Dose #1 _____ Dose #2 _____ Booster Dose #3 _____

8. **TETANUS: Td (Tetanus Diphtheria) or Tdap (Tetanus, Diphtheria, Pertussis)** *Please circle vaccine given Td or Tdap:*

(Booster status must be current) Date: _____

Td boosters for adults every 10 years. Manitoba Health recommends Tdap booster for “Adults who are due for a Td booster and have never previously received an Acellular Pertussis Vaccine as an adult.”

B. **TUBERCULOSIS:** (*2-step Mantoux testing only, vaccination not required*)

** **Note:** *If previous 2-step baseline performed, please include dates and results. Baseline must be within one year of hiring date. If baseline is more than one year of hiring date and results were negative, a repeat 1-step Mantoux is only required. A confirmed positive Mantoux does not require further testing.*

Please answer all questions. If yes to any questions, Mantoux testing not required.

- | | | | |
|-------------------------------------|-----------------------------|------------------------------|-------------------------------|
| 1. History of Disease | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Date of diagnosis: _____ |
| 2. History of BCG vaccination | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Date of immunization: _____ |
| 3. Documented positive Mantoux test | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Date and reading in mm: _____ |

Baseline Mantoux testing (1 week apart)

- Mantoux Test #1 Date: _____ Result: _____ mm.
- Mantoux Test #2 Date: _____ Result: _____ mm.

NOTE: *Chest x-ray results are a baseline and do not replace Mantoux testing*



Health Care Provider signature and stamp (if available)