Region of Peel
working with you

PHYSICIAN to COMPLETE IMMUNIZATION RECORD

Peel Regional PARAMEDIC Services

Employee /Applicant Name: _____

1. **Tetanus/Diphtheria:** 3 doses if never previously immunized. Td Boosters every 10 years

Tetanus / Diphtheria			
Boosters	Dose 1	Dose 2	Dose 3
dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy

2. **Adult Pertussis**: 1 dose of Tetanus, Diphtheria, acellular Pertussis (Tdap) regardless of age if not previously received as an adult

Pertussis
Dose 1
dd/mm/yyyy

3. **Polio:** Final of Primary Series completed OR 3 doses if not previously immunized

Polio			
Date Series was Completed	Dose 1	Dose 2	Dose 3
dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy

4. **Hepatitis B Vaccine**: 2 – 4 age appropriate & Serology confirming evidence of immunity by lab report in this calendar year

Hepatitis B								
Dose 1	Dose 2	Dose 3	Dose 4	Serology Lab Report				
dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	Reactive	✓	NonReactive / Inconclusive	✓

Should serology not confirm evidence of immunity, the appropriate booster(s) should be administered & immunity re-confirmed 1-3 months after completion of the series. If immunizations not complete, an explanation is required:

5. **COVID 19**: Further to the Immunization directive issued on Sept. 2, 2021 (HR03-00) employees are required to upload the government issued passport on the PRPS declaration form, and provide any annual updates

COVID 19	COVID 19
Dose 1	Dose 2
dd/mm/yyyy	dd/mm/yyyy

6. **Chicken Pox:** Evidence of immunity confirmed by lab report, If no immunity, 2 doses of vaccine after Nonreactive / Inconclusive

Chicken Pox (Varicella)					
Serology Lab Report				Dose 1	Dose 2
dd/mm/yyyy	Reactive	✓	NonReactive / Inconclusive ✓	dd/mm/yyyy	dd/mm/yyyy

7. **Measles:** Evidence of immunity confirmed by lab report completed this calendar year , If no immunity, 2 doses of vaccine after Nonreactive / Inconclusive

Measles					
Serology Lab Report				Dose 1	Dose 2
dd/mm/yyyy	Reactive ✓		NonReactive / Inconclusive ✓	dd/mm/yyyy	dd/mm/yyyy

8. **Mumps**: Evidence of immunity confirmed by lab report completed this calendar year , If no immunity, 2 doses of vaccine after Nonreactive / Inconclusive

Mumps					
Serology Lab Report				Dose 1	Dose 2
dd/mm/yyyy	Reactive ✓		NonReactive / Inconclusive ✓	dd/mm/yyyy	dd/mm/yyyy

9. **Rubella**: Evidence of immunity confirmed by lab report completed this calendar year , If no immunity, 2 doses of vaccine after Nonreactive / Inconclusive

Rubella				
Serology Lab Report				Dose 1
dd/mm/yyyy	Reactive ✓		NonReactive / Inconclusive ✓	dd/mm/yyyy

10. **Tuberculin Skin Test**: Mandatory Step 1 (within 90 days of drive test) Step 2 (OR Proof of historical Step 2)required

Negative or Unknown Reaction: Must be completed before ***MMR vaccine (or any live attenuated vaccine)*** *is given or* ***30 days after receiving a live attenuated vaccine.***

Tuberculin Skin Test			
STEP 1			
STEP 2 dd/mm/yyyy	Date of Test	Date of Read	Induration (mm) +/-

If step 1 is **negative** (0-9 mm. induration at 48-72 hours), do Step 2 in 7-21 days.
If either step 1 or 2 is **positive** (10 mm. Or more in duration @ 48-72 hours) evaluate as Known Positive Reaction below.

Known Positive Reaction: Date of **TB Test**: _____ Size (mm):_____
(y/m/d)

Evaluation: 1. Physical examination/symptom enquiry regarding **evidence of active disease**

2. Chest X-ray: Date:_____Result:_____(copy of x-ray report ***within 1 year***)

3. INH Prophylaxis: No ☐ Yes ☐ Dosage _____ Duration

11. **HEALTH STATUS REPORT – Communicable Diseases**

I find that upon examination of_____that s/he is not currently exhibiting any acute symptomatic illness as per the current list, as per date of examination, of the Reportable Communicable Diseases set out in Ontario Regulation 559/91 under the *Health Protection and Promotion Act (HPPA).*

How long has this person been your patient?_____

Family Physician ☐ or Certified Specialist in_____

Physicians Name_____

Physicians Address_____

Physicians Signature_____Date: _____