



**POLICY ON IMMUNIZATION FOR POSTGRADUATE MEDICAL
RESIDENTS, CLINICAL FELLOWS AND ELECTIVE TRAINEES**

Documentary proof of current immunization against specific diseases must be provided to the University of Toronto Postgraduate Medical Education Office. *Trainees who have a communicable disease/carrier of an infectious agent must report to the Post Graduate Medical Education Office for consideration by the Expert Panel on Infection Control. The report must be submitted by emailing postgrad.med@utoronto.ca.* The specific immunization requirements are:

1. **Tuberculosis:** Students must have an initial baseline two-step Mantoux skin test if their last documented skin test is negative. Students may determine their TB status through gamma interferon assay, which is done with a blood test and bypasses the affects of the BCG vaccination. (Please note: the assay is not widely available and TB skin tests are the standard in Canada).

Previous BCG vaccination(s) does not preclude TB skin testing. You may **not** provide chest x-ray as an alternative to TB skin test.

A chest x-ray is required if the TB test is positive. Positive skin tests should be documented in **millimeters**.

Note: annual TB (skin or assay) testing is a requirement for individuals who have previously tested negative.

A negative TB test result is valid for one year only. This requirement is unique to Toronto due to prevalence of TB in clinical settings. If completing two-step, please allow for appropriate timelines for completion and reading of the test can take up to 1-4 weeks.

2. **Hepatitis B:** Immunization is a series of 3 injections. Lab evidence of immunity (immune or non-immune) must be provided after the vaccine series is complete (Section A). Individuals who are non-immune (i.e. do not have the antibodies against HBsAg or no prior history of immunization), must be screened for the surface antigen (HBsAg). If the HBsAg result is positive, a further screen for e-antigen (HBeAg) must be performed (Section B). Those who are non-immune and HBsAg negative must undergo a second series of HB immunization, and subsequent lab results recorded (Section C). **Registration status for HBV Carriers remains CONDITIONAL until the Expert Panel on Infection Control reviews their case. Please note that titre results take up to 2-4 business days once the specimen is received by the Public Health testing lab here in Ontario.**
3. **Measles, Mumps, Rubella:** Date of receipt of **two** live MMR vaccine dates or positive titre results for antibodies with date. **Please note that titre results take up to 5-7 business days once the specimen is received by the Public Health testing lab here in Ontario**
4. **Chicken pox:** VZV titre results or 2 varicella vaccines. **Please note that titre results take up to 5-7 business days once the specimen is received by the Public Health testing lab here in Ontario.**
5. **Diphtheria, Tetanus, Acellular Pertussis, and Polio[®]:**
 - Immunization against **diphtheria** and **tetanus** is generally valid for ten years. Maintenance of up-to-date immunization status is **strongly** recommended.
 - Vaccination with **acellular pertussis** as an adolescent or adult is recommended. A single dose of Tdap (tetanus, diphtheria and acellular pertussis) is sufficient and can be taken without waiting for the usual 10 years between diphtheria/tetanus boosters.
 - Primary immunization against **polio** is sufficient
6. **Respirator/Mask Fit Test:**
 - All medical trainees must provide the PGME Office with mask fit test information valid for the present academic year.
 - As per PGME Respiratory Protection Policy, mask fit tests are valid for two years from the initial date of mask fitting.
 - Mask fit Testing can be obtained at the hospital of your first rotation and on your current hospital site.

Trainees are expected to seek appropriate medical care when ill. In addition, trainees should follow appropriate infection control practices and notify the Occupational Health Department of the hospital following needle stick injuries or **unprotected** contact with patients with communicable diseases.

- **THIS FORM MUST BE COMPLETED AND SUBMITTED WITH YOUR SIGNED LETTER OF APPOINTMENT.** Documentary proof of current immunization for items 1-4 and 6 noted above is **MANDATORY** for **ALL** trainees (Residents, Clinical Fellows, Elective trainees).
- Alternate Proof of Immunization documentation is accepted provided it is stamped and verified by occupational health or a health care professional.
- Please ensure authorizations at the bottom of the form are complete.
- **Please upload all completed forms to PGME Sharefile:** <http://bit.ly/1NS0NwG>
- All associated documentation fees are the responsibility of the trainee.



Postgraduate Medical Education – IMMUNIZATION RECORD
Residents, Clinical Fellows, Electives Trainees

Please return to PGME Office, 500 University Avenue, 6th Floor (Rm. 602), Toronto, ON M5G 1V7, Phone (416) 978-6976, Fax (416) 978-7144

Name: Student No.: Program:

1. TUBERCULIN TEST

Date of Test # 1: Reading # 1 (mm):
(Must be within last 12 months, if previously negative) (Induration)

Negative: Positive:
(< 10 mm induration) (≥ 10 mm induration)

Date of Test # 2: Reading # 2 (mm):
(2-step required at initial registration) (Induration)

Last known negative: BCG Vaccination: No Yes Date:
(dd/mm/yyyy) (dd/mm/yyyy)

Previous treatment for TB: No Yes

CHEST X-RAY: required, if TB test is positive or previously positive (positive TB skin test is ≥ 10 mm induration)

Chest X-Ray Date: Result:
(dd/mm/yyyy) (Normal or Abnormal)

2. IMMUNIZATION

i. HEPATITIS B immunization:

Section A: Must complete ALL of Section A

Date of 1st shot: Date of 2nd shot: Date of 3rd shot:
(dd/mm/yyyy) (dd/mm/yyyy) (dd/mm/yyyy)
Lab Evidence of Immunity against Hep. B (anti-HBs/HBsAB): Immune (+) Non-immune (-) Date:
(dd/mm/yyyy)

Section B: If non-immune in Section A, please provide:

HBsAg: Positive Negative Date: If HBsAg positive: HBeAg: Positive Negative Date:
* enclose lab reports (dd/mm/yyyy) (dd/mm/yyyy)

Section C: If identified as non-immune in Section A and HBsAg negative in Section B, a 2nd immunization series is required.

Date of 1st shot: Date of 2nd shot: Date of 3rd shot:
(dd/mm/yyyy) (dd/mm/yyyy) (dd/mm/yyyy)
Lab Evidence of Immunity against Hep. B (anti-HBs/HBsAB): Immune (+) Non-immune (-) Date:
(dd/mm/yyyy)

ii. MEASLES Immunization Date: 2nd Date: OR Titre: Date:
(dd/mm/yyyy) (dd/mm/yyyy) (Negative or Positive) (dd/mm/yyyy)

iii. MUMPS Immunization Date: 2nd Date: OR Titre: Date:
(dd/mm/yyyy) (dd/mm/yyyy) (Negative or Positive) (dd/mm/yyyy)

iv. RUBELLA Immunization Date: 2nd Date: OR Titre: Date:
(dd/mm/yyyy) (dd/mm/yyyy) (Negative or Positive) (dd/mm/yyyy)

v. CHICKEN POX VZV antibody: Date:
(Negative or Positive) (dd/mm/yyyy)
If VZV antibody negative, varicella vaccine dates: 1st shot 2nd shot
(dd/mm/yyyy) (dd/mm/yyyy)

vi. DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS and POLIO immunizations:

DIPHTHERIA Date: TETANUS Date: POLIO Date:
(dd/mm/yyyy) (dd/mm/yyyy) (dd/mm/yyyy)

* ACCELLULAR PERTUSSIS Date: (*Adolescent Vaccine)

See PGME immunization policy (pages 1&4) (dd/mm/yyyy)

TRAINEE AUTHORIZATION: I certify that the above information is complete and accurate and give my consent that the information on this form may be shared with university/hospital teaching and administrative staff in appropriate cases.

Signature of resident/fellow: Date:

CLINIC/HEALTH CENTRE AUTHORIZATION: I certify that the above information is complete and accurate. (See instructions)

(Name, address, and phone number of clinic/health care centre/hospital where form was completed)

Signature of health care professional: Date:

(Trainee cannot sign own form)



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

Postgraduate Medical Education
Respirator/Mask Fit Form
Residents, Clinical Fellows, Electives

Please return to PGME Office, 500 University Avenue, 6th Floor (Rm. 602), Toronto, ON M5G 1V7,
Phone (416) 978-6976, Fax (416) 978-7144

Name of Trainee: Student #:

Training Level: Program: Academic Year:

Instructions:

- All medical trainees must provide PGME with at least one valid respirator-fit data.
Respirator/mask fit data are valid for 2 years as per PGME Respiratory Protection Policy and trainees must be re-tested to remain registered as facial characteristics change due to weight gain/loss or facial trauma
Please complete this form or forward copies of your respirator/mask fit cards to PGME office.
Mask fit testing can be obtain at the hospital of your first rotation and on your current hospital site

RESPIRATOR/MASK FIT DATA:

Date Fitted: Brand: Size:

Quality of Fit: Expiration Date:
(Pass/Fail) (Default = 2 years)

Hospital/Site of Fit Test:

Comments:

Trainee Authorization: I give my consent that the information on this form may be shared with university/hospital teaching and administrative staff in appropriate cases.
Signature of Resident/Fellow: Date:

Clinic/Health Centre Authorization: I certify that the above information is complete and accurate.
(Name, address and phone number of centre where form completed)
Signature of health care professional: Date:
(Trainee cannot sign own form)

Instructions to Physician/Health Clinic Completing the U of T PGME Immunization Form

Do not authorize the applicant's immunization record without evidence of immunity or written documentation as defined below:

1. TUBERCULOSIS:

- 2-step Mantoux must be done at the time of initial registration if last documented TB skin test is negative
- Please note: BCG vaccination(s) does not preclude TB skin testing and chest x-rays are not alternative to TB skin test
- Chest x-ray results are required with positive TB skin test or assay
- Gamma interferon assay (not widely available) may be done as an alternative to skin test (Mantoux: standard test in Canada)
- One step Mantoux update is sufficient if there is a record of a 2-step Mantoux baseline tb skin test in the past

2. HEPATITIS B:

- Lab evidence of immunity (anti-HBs) is required with date
- HBsAg (antigen) must be screened if no prior history of immunization or if lab evidence of immunity is negative
- If HBsAg is positive, HBeAg (e-antigen) must be screened
- Immunization dates along with lab evidence of non-immunity are required for those who have not developed antibodies after the 2nd immunization series

3. MEASLES: (condition of employment in Ontario)

- Lab evidence of immunity with date, or
- Documentation* of receipt of **two** live measles virus containing vaccine on or after their first birthday,

4. MUMPS: (Ontario Protocol is in development)

- Lab evidence of immunity with date, or
- Documentation* of receipt of **two** live mumps virus containing vaccine on or after their first birthday

5. RUBELLA: (condition of employment in Ontario)

- Lab evidence of immunity with date, or
- Documentation* of receipt of live rubella virus containing vaccine on or after their first birthday

6. VARICELLA/SHINGLES:

- Lab evidence of immunity (VZV antibody) with date, or
- Documentation* of receipt of 2 varicella vaccines with dates

7. Immunization against the following are **STRONGLY RECOMMENDED**[®]:

- **Diphtheria and Tetanus** – boosters every 10 years
- **Acellular Pertussis** – single dose as an adolescent or adult
 - Tdap (tetanus, diphtheria and acellular pertussis) is safe to give before the usual 10 years diphtheria/tetanus boosters
- Primary immunization against **polio** is sufficient

8. RESPIRATOR/MASK FIT TEST

- Documentation of a valid mask fit test – As per PGME Respiratory Protection Policy, fit test must be updated every 2 years.

Note: Proof of immunity is required for all persons carrying on activity in hospitals in Ontario under Regulation 965 of the Ontario Public Hospitals Act.

*Documentation of receipt of vaccine must be written **and include date of receipt of vaccine** (e.g. immunization card or physician record). A verbal history is **not** adequate documentation.