

Dear Volunteer

All persons applying to become a volunteer within ErinoakKids must be compliant with the Ministry of Health Surveillance Protocols, prior to starting volunteer activities.

The first part requires assessing your Tuberculosis status:

This involves an injection into the skin of the forearm, with results being read 48 to 72 hours later. If the test is positive, this means you have received BCG vaccine for Tuberculosis or you have been exposed to someone with Tuberculosis. Your doctor will further assess this with a Chest x-ray or prescribe prophylactic medication.

If the first test is negative, a second test is performed in the other arm, one to three weeks later. This is followed by another reading in 48 to 72 hours. The second test is taken as the final result.

If your vaccinations are up to date and you have had Chicken Pox, you are considered immune. If your immunity status is unknown, your doctor will send a blood sample to the Provincial Health Lab and your immunity levels will be checked. Your doctor will be advised of the results in approximately one month. Your doctor will review the results and advise you whether any further immunization is required.

Please take the attached Medical Clearance form to your doctor to initiate appropriate testing. Your doctor will give you the completed as soon as the TB testing (or x-ray, if required) is done.

You may also take the form to a Walk-in-Clinic of your choice. TB testing is not covered under OHIP. We have requested that your doctor waive the fees if possible, however charges might still be applied. Health screening may take several weeks. **Volunteers are encouraged to initiate this process as soon as possible and should be aware that completion of health screening does not guarantee a volunteer placement.**

Email the completed Medical Clearance form to Volunteer Resources  
[volunteer@erinoakkids.ca](mailto:volunteer@erinoakkids.ca)

**Medical Clearance (to be completed by physician)**

Your patient will be carrying out activities in a children's treatment centre as a Volunteer. If possible, please waive the fee for the TB testing. It is a requirement that he/she is compliant with the communicable diseases surveillance protocols developed by the OHA and the OMA in collaboration with the Ministry of Health and Long-Term Care (Reg 965, Section 4(e) of the Public Hospitals Act).

***Tuberculosis Status:***

Volunteer's whose tuberculin status is unknown and those previously identified as tuberculin negative, require a baseline two-step Mantoux skin test with PPD.

A single -step test may be given if the patient has:

- Documentation of a previous 2-step
- Documentation of a negative PPD test within the last 12 months, or
- 2 or more documented negative PPD at any time but the most recent was > 12 months ago in which case a single-step test may be given.

Evaluation of any positive tests must be carried out. This includes a chest x-ray, unless contraindicated.

- My patient has had a TB skin test as indicated and/or Chest X-Ray and is free of disease.**

***Measles, Mumps, Rubella and Varicella Status:***

Documentation of receipt of 2 doses of MMR vaccine or laboratory evidence of immunity

Documentation of receipt of 2 doses of varicella vaccine or laboratory evidence of immunity

**If** immunity status is uncertain, send blood work to Provincial Health Lab for assessment of immunity to all four diseases.

- My patient has known immunity to Measles, Mumps, Rubella and Varicella.**

***Pertussis:***

A single dose of Tdap should be offered to all volunteers who have not previously received an adolescent or adult dose of Tdap. The interval between the last tetanus-diphtheria booster and the tetanus-diphtheria-acellular pertussis vaccine does not matter.

- My patient's tetanus/diphtheria & pertussis vaccination is up to date.**

**Please ensure that all three boxes have been checked. .**

We appreciate your cooperation in this matter. Do not hesitate to contact us if any clarification is required.

Patient Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Stamp Required:

**Volunteer please email this completed form to [volunteer@erinoakkids.ca](mailto:volunteer@erinoakkids.ca)**