



Mandatory Health Surveillance Profile

As part of your onboarding at CHEO, you are required to complete a Mandatory Health Surveillance Profile **prior to your start date**.
Send by e-mail: OHW@cheo.on.ca | Fax to: 613-738-4826 | Drop-off at our office onsite at CHEO (Room 1129)

1. IDENTIFICATION

| | | |
|------------------|---------------|----------------------------|
| First name: | Last name: | D.O.B.: (mmm/dd/yy) |
| Personal e-mail: | Phone Number: | |
| Department: | Job title: | Start date: (mmm/dd/yy) |

2. PERSONAL MEDICAL HISTORY

The following questions are important to identify any health concerns that could be **affected by potential exposure** to workplace hazards. Please select all that apply:

| | | |
|--|--|--|
| <input type="checkbox"/> Anxiety/stress | <input type="checkbox"/> Immunosuppression | <input type="checkbox"/> Other / Comments: |
| <input type="checkbox"/> Asthma/breathing problems | <input type="checkbox"/> Headache/migraine | |
| <input type="checkbox"/> Heart disease/stroke/high blood pressure | <input type="checkbox"/> Hearing loss | |
| <input type="checkbox"/> Seizure/loss of consciousness/fainting episodes | <input type="checkbox"/> Mental health issues | |
| <input type="checkbox"/> Visual problems (other than contacts/glasses) | <input type="checkbox"/> Musculoskeletal problems/injuries | |

Please list any medications or medical conditions that may affect your ability to perform the **essential duties** of your job:

| | | |
|--|--|--------------------------|
| Do you have any allergies? (latex, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | If yes, please describe: |
| Do you have permanent restrictions/limitations under WSIB or CSST? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe: |
| Do you have any disability for which you require work accommodation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe: |
| Do you require assistance in case of emergency evacuation due to a disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe: |

3. HEALTH REQUIREMENTS

Please submit proof of the following health requirements (in ENG or FR official language) to OHW@cheo.on.ca **before you start**:

| | |
|---|---|
| <input type="checkbox"/> COVID-19 | Proof of vaccination for each valid dose administered |
| <input type="checkbox"/> Two-Step Tuberculin (TB) Skin-Test (TST) | Proof of a completed 2-Step TB Skin Test |
| <input type="checkbox"/> One-Step Tuberculin (TB) Skin-Test (TST) within the last 12 months | Proof of an updated 1-Step TB Skin Test completed within the last year |
| Note: For previous positive TB Skin Tests, you will need to provide proof of the results and copy of a chest x-ray result. | |
| <input type="checkbox"/> Tetanus, Diphtheria and Pertussis (Tdap / Adacel) | Proof of vaccination within the last 10 years in adult life (18 years of age or older) |
| <input type="checkbox"/> Measles, Mumps and Rubella (MMR) | Proof of 2 vaccines or proof of serology immunity (by bloodwork) |
| <input type="checkbox"/> Varicella (chicken pox) | Proof of 2 vaccines or proof of serology immunity (by bloodwork) |
| <input type="checkbox"/> Hepatitis B | Proof of 2-3 vaccines and/or proof of serology immunity. <i>*If you have potential exposure to blood/body fluids in the work you do, you must provide proof of serology immunity to Hepatitis B Surface Antibodies (by bloodwork) regardless of your vaccination status.</i> |

Submit proof of most recent **N95 Fit Test** to OccSafety@cheo.on.ca