

**Communicable Diseases Questionnaire
PHYSICIAN / HEALTH CARE PRACTITIONER to COMPLETE**



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 immunocompromised, please provide exemption or explanation why immunizations not complete, an explanation is required:



5. **Chicken Pox:** Evidence of immunity confirmed by lab report **in this calendar year**,
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

6. **Measles:** Evidence of immunity confirmed by lab report **in 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

7. **Mumps:** Evidence of immunity confirmed by lab report **in 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

8. **Rubella:** Evidence of immunity confirmed by lab report **in 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

9. **HEALTH STATUS REPORT – Communicable Diseases**
(See Appendix Attached)

I find that upon examination of _____ that s/he/they/them 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:** _____



**Health
Services**

**Peel Regional
Paramedic Services**

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List of reportable diseases

In reference to question #9 Peel Paramedics Communicable Diseases Questionnaire.

Currently not being treated for, and is free from

- *Acquired Immunodeficiency Syndrome (AIDS)
- Acute Flaccid Paralysis
- Amebiasis
- Anaplasmosis
- ▶ **Anthrax**
- Babesiosis
- Blastomycosis
- ▶ **Botulism**
- ▶ **Brucellosis**
- Campylobacter enteritis
- Carbapenemase-producing Enterobacteriaceae (CPE), infection or colonization
- Chancroid
- Chickenpox (Varicella)
- Chlamydia trachomatis infections
- Cholera
- Clostridium difficile infection (CDI) outbreaks in public hospitals
- ▶ **Coronavirus, novel, including**
 1. Severe Acute Respiratory Syndrome (SARS),
 2. Middle East Respiratory Syndrome (MERS) and
 3. Coronavirus disease (COVID-19)
- ▶ **Creutzfeldt-Jakob Disease, all types**
- Cryptosporidiosis
- Cyclosporiasis
- ▶ **Diphtheria**
- Echinococcus multilocularis infection
- ▶ **E. coli (see Verotoxin producing E. coli)**
- Encephalitis, including:
 1. Primary, viral
 2. Post-infectious
- 3. Vaccine-related
- 4. Subacute sclerosing panencephalitis
- 5. Unspecified
- Food poisoning, all causes
- ▶ **Gastroenteritis, outbreaks in institutions and public hospitals**
- Giardiasis, except asymptomatic cases
- Gonorrhoea
- ▶ **Group A Streptococcal disease, invasive**
- Group B Streptococcal disease, neonatal
- ▶ **Haemophilus influenzae disease, all types, invasive**
- ▶ **Hantavirus pulmonary syndrome**
- ▶ **Hemorrhagic fevers, including:**
 1. Ebola virus disease
 2. Marburg virus disease
 3. Lassa fever
 4. Other viral causes
- ▶ **Hepatitis A, viral**
- Hepatitis B, viral
- Hepatitis C, viral
- Influenza
- Legionellosis
- Leprosy
- Listeriosis
- Lyme Disease
- ▶ **Measles**
- Meningitis, acute, including:
 1. Bacterial
 2. Viral
 3. Other
- ▶ **Meningococcal disease, invasive**
- Mumps
- Ophthalmia neonatorum
- Paralytic Shellfish Poisoning
- Paratyphoid Fever
- Pertussis (Whooping Cough)
- ▶ **Plague**
- Pneumococcal disease, invasive
- ▶ **Poliomyelitis, acute**
- Powassan virus
- Psittacosis/Ornithosis
- ▶ **Q Fever**
- ▶ **Rabies**
- ▶ **Respiratory infection outbreaks in institutions and public hospitals**
- Rubella
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- ▶ **Smallpox and other Orthopoxviruses including Monkeypox**
- Syphilis
- Tetanus
- Trichinosis
- †Tuberculosis
- Tularemia
- Typhoid Fever
- ▶ **Verotoxin-producing E. coli infection, including Haemolytic Uraemic Syndrome (HUS)**
- West Nile Virus Illness
- Yersiniosis

Purpose of Declaration

1. To declare that the patient is free from the communicable diseases listed on this form, which may be amended from time to time in consultation with the local Health Unit, as required by clause 6(1)(g) of O. Reg 257/00 under the Ambulance Act.
2. To further declare that the patient, as required by the Ambulance Service Communicable Disease Standards (version 2.0), follow the communicable disease management requirements in the Patient Care and Transportation Standards (version 2.2)