

1. **READ** the information provided on this page and sign where indicated.
2. **COMPLETE** the form on pages 2 and 3 in full. Due to legal and privacy reasons, we cannot accept CDA forms containing an electronic signature.
3. **SUBMIT** the completed form (**all three pages**) to Workplace Health & Safety (WHS). Submit the form even if you're awaiting records or cannot obtain them. The form may be submitted two ways:
 - **Email the form to Communicable Disease Assessment: CDA@ahs.ca or**
 - **Fax the form to: 780.670.3622**

In accordance with Alberta Health Services (AHS) policy, all new AHS representatives (including employees, members of the medical and midwifery staff, volunteers) who will be working at a patient care location must complete and submit a Communicable Disease Assessment (CDA) form to Workplace Health and Safety (WHS). Failing to complete and submit the CDA form could result in having your employment offer withdrawn.

Your personal and health information (including your Personal Health Number) on this form is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* ("FOIP") and sections 20(b), 21, and 27(1) and (2) of the *Health Information Act* ("HIA"), respectively. The information will be used by or disclosed by AHS as authorized by the HIA and FOIP, for the purposes of:

- performing the communicable disease assessment to minimize the risk of contracting or spreading communicable diseases in the workplace;
- providing a health service, including determining your eligibility to receive certain immunizations or post-exposure prophylaxis when relevant;
- determining your immunity and any associated risks to you or the patients you work with in the event of a communicable disease exposure and/or outbreak;
- planning, resource allocation, management of the health system and administration of human resources; and
- activities related to AHS' mandate to protect and promote public health.

For the purposes described above, you consent that WHS will access the following information about you that may be held in AHS' or provincial (NetCare) electronic systems:


1. previous immunization history and/or
2. lab results related to immunity for any of the recommended immunizations for AHS Healthcare workers and/or
3. test results related to screening for Tuberculosis as recommended for AHS Healthcare workers.

This information will be tracked on your confidential WHS record. A complete list of the recommended immunizations is provided on page 2.

I have read and understand the information above.

Print Name (<i>first, last</i>)	Signature	Date (<i>yyyy-Mon-dd</i>)
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For questions regarding the form or concerns about the collection, use or disclosure of your personal and health information, contact WHS at CDA@ahs.ca

Date Completed (<i>yyyy-Mon-dd</i>)		Last Name		Given Name	
Other Name(s) (<i>if applicable</i>)				Date of Birth (<i>yyyy-Mon-dd</i>)	
Country of Birth		Home Phone		Work Phone	
Home Address			City	Province	Postal Code
Personal Health Number			Preferred Email		
AHS Employee Number or for physicians CPSA or MINC Number				Start Date (<i>yyyy-Mon-dd</i>)	
Title/Position		Department		Location	AHS Zone
Name of AHS Manager/Department Head					
Have you been previously employed by or held an appointment with AHS or any of its former entities?					
<input type="checkbox"/> No		Dates of service (<i>from/to</i>)			
<input type="checkbox"/> Yes Please complete this information 		Location/Facility			

Communicable Disease History

Have you ever had Chicken Pox (*Varicella*) in Canada? You should answer “yes” if:

- You have been diagnosed by a healthcare provider; or
- You have a strong personal history of past infection as evidenced by: visible scars, strong recollection of disease, or your child became ill with Varicella but you did not get sick.

Yes, age _____ and the year of infection _____ No Unsure

Have you ever been diagnosed with Shingles (*Herpes Zoster*) by a healthcare provider?

Yes No

Attach all immunization records and blood test results for the following.

- Guidance regarding how to obtain your immunization records can be found on page 3
- You must complete the “Immunization Records” section at the bottom of page 3

Measles/Mumps/Rubella(MMR)Immunization

- Measles blood test results (*if applicable*)
- Rubella blood test results (*if applicable*)

Varicella (*Chickenpox*) Immunization

- Varicella blood test results

Pertussis (Whooping Cough) (dTdap or Tdap) Immunizations
Hepatitis B Immunization

- Hepatitis B antibody blood test results

Tetanus Diphtheria (Td) Immunization
Polio Immunization
Skin test for Tuberculosis

- Record of TB immunization (BCG)
- Record of TB blood test (*if applicable*) (*e.g. IGRA*)
- I have been treated in the past for latent or active TB infection; date _____

In addition to above, Laboratory Workers should attach evidence of

- Meningococcal Immunization
- Typhoid Immunization

Where can individuals obtain a copy of their immunization records?

For individuals who were immunized in Alberta, request immunization records using the [AHS Zone map](#) and contact information below:

- Edmonton Zone: 780-413-7985
- Calgary Zone: 403-214-3641
- North, Central & South Zones - To locate local community or public health centre:
 - a) Go to [Health Care Locator](#)
 - b) Select either *Search by Facility Name* if you know the name of the facility, or select *Search by Facility*, then *Public Health Centres* within the drop down box
 - c) Use the next *Location* drop-down box to select city or type in postal code..

If you were immunized in another Canadian province:

- Contact the local public health office and/or provincial and territorial Department of Health

If you were immunized outside of Canada:

- Contact a public health clinic or healthcare provider in the province they landed in as a newcomer to Canada, as they may have a copy of the new employee's records

You can also try contacting:

- Your previous education facility
- Your previous employer/healthcare employer
- Your physician's office

Please Note: It may take several weeks to obtain immunization records. Request your immunization records as soon as possible.

In the event you cannot obtain immunization records you must still submit the CDA form

Immunization Records *(check all that apply)*

- I have been immunized. I attempted the steps outlined in "How to Get Immunization Records" above but was not successful.
- My records no longer exist
- My records are incomplete because I am not able to be immunized due to reactions to vaccines
- I have attached my available records
- I have never been or do not know if I have ever been immunized
- I do not wish to submit my records. I understand that by refusing, my offer of employment will be withdrawn.
- Other *(please explain below)*