

# Research Graduate Student Forms for Student

# Research Graduate Student Checklist

## **ORIENTATION AND TRAINING:**

1. All Students must complete online Orientation and Training prior to registering: <https://students.smh.ca/course/ResearchVolunteerOrientation/player.html>. At the end of the orientation, there are links to 4 training modules. Depending on the type (i.e. Clinical, Dry Bench -Health Science or Wet Lab – Laboratory) of students you are you will be required to complete different training modules (please refer to checklist below). Completed certificates are required in order to register. If you do not know what type of students you are please ask your Investigator.

## **IN PERSON REGISTRATION**

Graduate Students are to pre-register by the Sunday before the in-person registration session they are planning to attend at [https://www.surveymonkey.com/s/ORA\\_pre\\_registration](https://www.surveymonkey.com/s/ORA_pre_registration).

The Graduate Student must personally bring all PI and Graduate Student forms/documentation to the in person registration. Students must arrive promptly at the start of a session with ALL their completed paperwork.

## **REGISTRATION TIMES\* & LOCATION:**

Tuesdays 10:00 & 2:00

Thursdays 10:00 & 2:00

Location: (250 Yonge Street - 6th floor - Through the glassdoors)

If you cannot come to register during either of these times, please contact the Research Employment Coordinator (contact info below) to make an appointment. DO NOT drop-in outside of registration times without a confirmed appointment. You will not be registered.

## **PLEASE ENSURE YOU HAVE ALL OF DOCUMENTATION BELOW BEFORE YOU COME TO REGISTER**

\*please print single sided and do not staple your forms

### **FORMS TO BE COMPLETED & SIGNED BY INVESTIGATOR**

- Bar code Identification Form

### **FORMS TO BE COMPLETED & SIGNED BY GRADUATE STUDENT**

- Personal Information form
- Privacy and Confidentiality Agreement
- Letter of Representation of Compliance with the Code of Business Conduct
- Student Agreement of Responsibility form
- Graduate Student Course Information form (*will also need to obtain PI signature on this form*)

### **GRADUATE STUDENT ALSO BRING THE FOLLOWING:**

- Resume/CV
- Proof of registration in a Graduate Studies Program at Canadian University (photocopy of email from University accepted)
- Photocopy of the following:
  - Student ID Card
  - (2) pieces of government-issued ID (scroll down for Acceptable ID for Security)
- (2) pieces of government-issued ID (scroll down for Acceptable ID for Security)
- If paid Stipend by St. Michael's Payroll please also bring:
  - Social Insurance Card (SIN) (or Confirmation of SIN Letter) and Photocopy
  - Void Cheque with address or print of banking information from bank ( bank name/location/transit/account number)

CORPORATE HEALTH AND SAFETY SERVICES

Volunteers with no Clinical activities (e.g. patient contact or exposure to human blood) will be exempt from coming to CHSS.

<b>RESEARCH VOLUNTEERS</b>	<b>REQUIREMENTS</b>
Research volunteers with patient contact or exposure to human blood/body fluid	<ul style="list-style-type: none"><li>□ N95 respirator fit-testing</li><li>□ Proof of 2 step TB test and Hepatitis B immunity (available through CHSS if required)</li></ul>
Research volunteers with NO patient contact or exposure to human blood/body fluid	<ul style="list-style-type: none"><li>□ N/A</li></ul>
Research volunteers with exposure to airborne particulates (e.g. animal dander, nanoparticles, etc.)	<ul style="list-style-type: none"><li>□ N95 respirator fit-testing</li></ul>

TRAINING CERTIFICATES/PRINTED SCREEN SHOTS REQUIRED

<b>All Students to Complete:</b> <ul style="list-style-type: none"><li>□ Workplace Violence and Workplace Harassment Prevention</li><li>□ Customer Service for People with Disabilities</li></ul>	<b>Clinical and Dry Bench (Health Science) Students to ALSO complete:</b> <ul style="list-style-type: none"><li>□ WHMIS</li><li>□ Fire Safety</li></ul>	<b>Wet Bench (Laboratory) Students:</b> <ul style="list-style-type: none"><li>□ Will be required to complete New Worker Safety Training in person after registration (more details will be provided upon registration).</li></ul>
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**Questions? Please Contact:** Cordelia Cooper, Research Employment Coordinator (416 864-3077 / [cooperc@smh.ca](mailto:cooperc@smh.ca))

## ACCEPTABLE ID FOR SECURITY

As per eHealth Ontario specifications, individual seeking security credentials at St. Michael's must present an identity document chosen from the list of Primary Identity Documents below, and a second document chosen from either of the lists below.

<b>Primary Identity Documents</b>	<b>Secondary Identity Documents</b>
<ul style="list-style-type: none"> <li>· Birth Certificate issued by a Canadian Province or Territory</li> <li>· Canadian Certificate of Birth Abroad</li> <li>· Certificate of Canadian Citizenship</li> <li>· Canadian Certificate of Indian or Metis Status</li> <li>· CANPASS</li> <li>· Citizenship Identification Card</li> <li>· Driver's Licence</li> <li>· Firearm Registration Licence</li> <li>· Certification of Naturalization</li> <li>· Nexus</li> <li>· A valid Passport issued by a foreign jurisdiction</li> <li>· Canadian Passport</li> <li>· Confirmation of Permanent Resident (IMM 5292)</li> <li>· Permanent Resident Card</li> <li>· Statement of Live Birth from Canadian Province (Certified Copy)</li> <li>· Citizenship and Immigration Canada-Refugee Protection Claimant Document</li> <li>· Canadian Permanent Resident Card</li> <li>· Ontario Photo Card</li> </ul>	<ul style="list-style-type: none"> <li>· BYID Card (Formerly Age of Majority Card)</li> <li>· Canadian Convention Refugee Determination Division Letter</li> <li>· Canadian Employment Authorization</li> <li>· Canadian Immigrant Visa Card</li> <li>· Canadian Minister's Permit</li> <li>· CNIB (Canadian National Institute for the Blind) Photo Registration Card</li> <li>· Canadian Police Force Identification Card</li> <li>· Canadian Student Authorization</li> <li>· Certificate issued by a government ministry or agency</li> <li>· Current Employee Card from a Sponsoring Organization</li> <li>· Federal, Provincial, or Municipal Employee Card</li> <li>· Other Federal ID Card, including Military</li> <li>· Judicial ID Card</li> <li>· Document showing the registration of a legal change of name accompanied by evidence of use or prior name for the preceding 12 months.</li> <li>· Old Age Security Card</li> <li>· Ontario Ministry of Natural Resources Outdoors Card</li> <li>· Current Registration Document from the College of a Health Profession</li> <li>· Current Professional Association Licence/Membership Card for any Regulated Health Profession</li> <li>· Record of Landing (IMM 1000)</li> <li>· Student Identification Card</li> <li>· Union Card</li> <li>· Blind Persons Right Act ID Card</li> </ul>

## Personal Information Form

Last Name	First Name	Title	English Name (if applicable)
_____	_____	_____	_____
Address – street name and number			Date of Birth
_____			_____
City	Province	Postal Code	Day    Month    Year
_____	_____	_____	_____
Primary Phone No.	<input type="checkbox"/> Cell <input type="checkbox"/> Home	Secondary Phone No.	<input type="checkbox"/> Cell <input type="checkbox"/> Home
_____		_____	
Email _____			
<b>EMERGENCY NOTIFICATION</b>			
Name _____	Home Phone _____		
Relation _____	Cell Phone _____		
<b>If Stipend paid to you by St. Michael's Payroll:</b>			
Please bring to Registration:			
<ul style="list-style-type: none"><li>• Social Insurance Card (SIN) (or Confirmation of SIN Letter) and Photocopy</li><li>• Void Cheque with address or print of banking information from bank ( bank name/location/transit/account number)</li></ul>			
Please Note:			
<ul style="list-style-type: none"><li>• St. Michael's Hospital will NOT deduct taxes from your stipend. You may, however, be responsible to pay taxes on your income and should consult with Canada Revenue Agency. You are responsible for declaring the stipend income when you submit your annual taxes. The stipend is broken down into bi-weekly payments made through payroll over the term of your engagement. You are NOT considered an employee of the hospital and as such do NOT qualify for hospital benefits.</li></ul>			

# St. Michael's

Inspired Care.  
Inspiring Science.

## Privacy and Confidentiality Agreement

I acknowledge and understand that:

- St. Michael's Hospital (the "**Hospital**") has in place policies and procedures respecting privacy, confidentiality and security (the "**Policies and Procedures**"),
- the Policies and Procedures are available to me through the Hospital Corporate Policies & Procedure System (CPPS) that is accessible from my Hospital computer desktop or upon request if I am not an employee of the Hospital or do not have access to CPPS and where I have any questions relating to my obligations hereunder,
- all personal health information [i.e., *information identifying an individual and relating to the provision of health care to that individual*] and/or confidential information [i.e., *information relating to the business of the Hospital*] that I have access to or learn through my employment, relationship or affiliation with The Hospital is to be treated as strictly private and confidential.
- as a condition of my employment, relationship or affiliation with The Hospital, I must comply with the Hospital's Policies and Procedures, and
- if I fail to comply with these obligations, the Hospital may terminate my employment, relationship or affiliation with the Hospital and that I may be subject to legal action taken against me by the Hospital and others, and/or to report to the appropriate college or regulatory body

I agree that I will access, use or disclose any personal health information and/or confidential information that I learn of or possess because of my employment, relationship or affiliation with The Hospital, only if it is necessary for me to do so in order to perform my duties as assigned by the Hospital. I also understand that under no circumstances may personal health information and/or confidential information be communicated either within or outside of The Hospital except to such other persons as are authorized by The Hospital to receive such information.

I agree that I will not alter, destroy, copy or interfere with this information, except with authorization and in accordance with the policies and procedures.

I agree to keep any computer access codes assigned to me (for example, passwords) confidential and secure. I also agree to safeguard physical access devices (for example, keys, badges) and the privacy and confidentiality of any information being accessed.

I agree that I will not lend my access codes or devices to anyone and will not attempt to use those of others. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. I am aware that work done using such codes may be audited. If I have reason to believe that my access codes or devices have been compromised or stolen, I agree to immediately contact the Hospital's Help Desk (ext.5751).

I also understand and accept that my obligations on confidentiality extend beyond my term of employment and or affiliation with the hospital.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
SMH Barcode Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Letter of Representation of Compliance with the Code of Business Conduct

I wish to formally confirm that I am to the best of my knowledge and belief, fully compliant in all respects with the St. Michael's Hospital "Code of Business Conduct".

In the performance of my duties, I will:

- Comply to the best of my knowledge with all applicable laws and regulations.
- Make no payments or provide gifts to government officials or suppliers of goods and services.
- Maintain proper accounting records.
- Make no false or misleading statements to auditors or other external regulatory bodies.
- Not become involved in an outside activity which significantly encroaches on the time or attention which I should devote to the Hospital.
- Have no conflict of interest with those of St. Michael's other than those reported on separately in writing, and
- Deal appropriately with all confidential information.

**I understand and accept the commitments stated above.**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(dd/mm/yyyy)

<b>Title: CODE OF CONDUCT</b>	
<b>Category:</b> Administration	<b>Type Of Policy:</b> Corporate
<b>Authorizing Title:</b> VP, Human Resources	
<b>Primary Document Author:</b> VP, Human Resources	<b>Effective Date:</b> July 22, 2015
<b>Areas Consulted:</b> Human Resources, Finance, Legal Services, Procurement Services, Medical Advisory Committee, Business Services Committee of the Board of Directors	<b>Next Review:</b> July 22, 2018
<b>Committee Approved:</b> Senior Management Committee	<b>Associated Emergency Code:</b> N/A
<b>Reference:</b> codebus.doc	

## **Introduction**

All individuals engaged with St. Michael's Hospital are expected, as part of their contract, to read, review regularly, and confirm their understanding of Human Resources policies such as the policy that follows.

This policy applies to:						
Full time non-union	Part time non-union	Casual non-unio	Unionized	Physicians	Non-SMH staff	Volunteers
•	•	•	•	•	•	•
Physicians also covered under SMH Physician policies and guidelines.						

## **Statement of Corporate Ethics**

St. Michael's Hospital ("**Hospital**") subscribes to the following statement of corporate ethics:

All employees, physicians, trainees (including students, residents and fellows) and volunteers of the Hospital ("**Staff Members**") are expected to act with honesty and integrity, and consistent with the Hospital's Mission and Values. Honesty and integrity are characterized by truthfulness, freedom from deception or fraud and fairness. There is no exception to this principle.

Staff Members have a responsibility to acquire knowledge, to make decisions in harmony with the Hospital's values and to accept responsibility for their own actions. Staff Members should always exercise the authority given to them by the Hospital in the best interests of the Hospital. Staff Members are expected to act in a professional manner at all times and to use appropriate due diligence in decision making.

There is no conflict between attention to business and attention to ethics.



## **Policy Statement**

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### **Compliance with Laws and Regulations**

Staff Members must comply with all applicable laws and regulations that relate to their activities for and on behalf of the Hospital. The Hospital will not condone any violation of the law or unethical activities.

### **Hospital Policies**

The Hospital has a set of policies designed to implement this Code, including the policies listed in the attached Schedule "A". It is each Staff Member's responsibility to ensure that he/she knows which Hospital policies apply to the work that he/she does, and to abide by the letter and spirit of those policies. Examples of appropriate and inappropriate conduct are listed in Schedule "B".

### **Legal Agreements**

The Hospital enters into legal agreements in the course of its business. Staff Members must abide by the legal agreements that pertain to their work.

See note directly above

### **Respecting One Another**

The way we treat each other affects the way we do our jobs. Staff Members must contribute to the creation and maintenance of an environment that supports honesty, integrity, respect, dignity and trust. The Hospital does not tolerate malicious or unwanted gossip, harassment or discrimination, verbal or physical abuse or bullying or intimidation.

### **Conflict of Interest**

Staff Members, members of their immediate family or associates, must not use their position, or the knowledge gained or available through his/her work for the Hospital, for private or personal advantage or in such a manner that a conflict or an appearance of a conflict arises between the Hospital's interest and the Staff Member's personal interest. Staff Members shall make disclosures in accordance with the Hospital's Conflict of Interest Policy.

### **Improper Payments and Gratuities**

Staff Members must never accept or pay any bribe, kickback or any similarly improper payment, directly or indirectly, to or from any person or entity to influence, obtain or retain business, or for any other reason.

Staff Members must not use or accept inappropriate gifts, excessive entertainment or any other means to improperly influence or be influenced by outside persons or entities. Staff Members shall make disclosures in accordance with the Hospital's Conflict of Interest Policy.

### **Use of Hospital Property**

Staff Members must use Hospital property, including telephones, computers, systems and software properly and for the business use for which it is provided. Theft, misappropriation or misuse of Hospital property is prohibited. All software used on Hospital equipment must be properly purchased or licensed.

### **Intellectual Property**

Unless otherwise specified in a Hospital policy, intellectual property that an employee creates in the course of the performance of his/her duties is considered an asset owned by the Hospital and the employee has no personal interest in or rights to such property. Staff Members are responsible for the proper use and management of the Hospital's intellectual property and for respecting the intellectual property rights of others.

## **Hospital Funds**

Where a Staff Member's position requires Hospital funds (including all funds administered by the Hospital) to be spent, the Staff Member must use good judgment on the Hospital's behalf to maximize the value received by the Hospital for such expenditures. If the Staff Member has access to Hospital funds in any form, the Staff Member must, at all times, follow prescribed procedures for recording, handling and protecting such funds. Staff Members are expected to ensure scarce resources are deployed wisely.

## **Supply Chain**

Supply chain activities (in particular, tendering, contracting and purchasing activities) are regulated in Canada and must be open, accountable and in compliance with the Hospital's Procurement of Goods and Services Policy and with the Ontario Broader Public Sector Supply Chain Guideline. Staff Members are expected to comply with these policies and to respect the competitive procurement process.

## **Hospital Records**

Each Staff Member is responsible for creating, verifying or modifying hospital records in a manner that maintains appropriate standards of accuracy and reliability, and that will meet the Hospital's legal and financial obligations or professional standards, as applicable. Staff Members shall maintain records in accordance with the Hospital's records retention policies. Staff Members shall not alter any Hospital record for the purpose of misleading any person, including the auditors of the Hospital.

## **Misleading Statements**

Staff Members must not make a false or misleading statement to, or attempt to mislead by concealing or failing to provide requested or required information to, any outside persons or entities that have an audit or regulatory function.

## **Public Communications**

All media for the hospital is co-ordinated through the Communications and Public Affairs Department. This includes, but is not limited to, promoting research and education, facilitating interviews with experts, writing news releases, and media outreach, inquiries or requests. If any staff member is contacted by media directly, Communications and Public Affairs must be notified before any commitments are made to participate in an interview, film, video, photograph or news release. Staff Members must comply with the Hospital's Social Media Guidelines, Use of Hospital Computers, Personal Information Devices, Electronic Mail and the Internet Policy and the Email Acceptable Use Policy.

## **Obtaining and Safeguarding Information**

Staff Members are expected to respect the privacy and dignity of all patrons of the hospital as well as members of the Hospital community. In the regular course of business, the Hospital accumulates a considerable amount of financial, technical, proprietary and personal information (including personal health information) that is not available to the public, whether the information is about the Hospital or has been received on a confidential basis from an outside entity. Staff Members must not access, use, reproduce or disclose such confidential information except for authorized Hospital purposes. In addition, access to the personal information of employees, physicians, residents, students, volunteers and researchers is limited to those who have an appropriate need to know and no more information than is necessary for authorized Hospital purposes is to be collected or accessed.

## **Reporting of Breach**

Reports of wrongdoing shall be made in accordance with the respective legislation as well as the Hospital's Communication of Wrongdoing (Whistleblowing) policy.

## **Education and Compliance**

Staff Members will be given a copy of the Code of Conduct when they are hired or appointed and are required to acknowledge receipt and reading of the Code and compliance with it.

The President shall monitor, and the Hospital's managers shall ensure, compliance with this Code. On questions of interpretation or compliance, inquiries should be directed to an immediate supervisor, other subject matter experts or an EVP, who will ensure that appropriate legal or accounting advice is obtained. Regarding directors, the Chair of the Board will be responsible for monitoring compliance and addressing any concerns.

Failure to uphold both the letter and spirit of Hospital policies could, depending on the circumstances involved, result in disciplinary action up to and including warning, probation, suspension, termination of employment or appointment, and/or referral to the Medical Advisory Committee regarding suspension or revocation of privileges.

## **Appendix Document**

### **Schedule "A" List of Related Policies and Sources**

#### **Related Policies:**

Competitive Bidding Policy  
Communication of Wrongdoing (Whistleblowing)  
Conflict of Interest  
Core Values  
Media Policy  
Procurement of Goods and Services Policy  
Research Conflicts of Interest  
Inventions Policy  
St. Michael's Hospital Information Privacy and Security Policies: Protection of Privacy of Personal Health Information  
Alcohol and Drug Use  
Confidentiality and Protection of Employee Information  
Criminal Activity  
Discrimination, Harassment and Violence in Workplace  
Use of Hospital Computers, Personal Information Devices, Electronic Mail and the Internet  
Email Acceptable Use Policy  
Providing Access for People with Disabilities

#### **Sources:**

Supply Chain Guideline, April 2009 (including the Ontario Broader Public Sector Supply Chain Guideline, section 4.3), available at: <http://www.fin.gov.on.ca/en/ontariobuys/documents/scg.html>

**Schedule “B”**  
**Examples of Appropriate Conduct and Behaviour and of Inappropriate Conduct and Behaviour**

Appropriate conduct and behaviour includes but is not limited to:

- Following all corporate and relevant departmental-specific policies, practices and procedures;
- Competent performance of all duties and tasks assigned;
- Punctual and regular attendance;
- Ongoing courtesy to and respect for employees, physicians, colleagues, patients, volunteers, visitors and/or any other person who deals with the Hospital in the conduct of its business;
- Dressing in clothing and footwear appropriate to the job performed.

Inappropriate conduct and behaviour includes but is not limited to:

- Insubordination;
- Poor or careless work;
- Sleeping, failing to stay on task, or interfering with others' work;
- Leaving work early or leaving the unit or department without the appropriate supervisor or manager's permission, or other appropriate authorization;
- Using obscene or abusive language;
- Spreading malicious gossip or rumours;
- Discussing confidential patient matters in places where the conversation may be overheard by people who do not have a valid need to know such information (eg., elevators, corridors, refreshment areas);
- Sharing computer IDs and passwords with another other person;
- Verbal or physical abuse of patients, or demeaning or bullying behaviours to colleagues, managers, or any other associates at the Hospital;
- Reporting to work or working while under the influence of alcohol, or prohibited drugs and substances;
- Possession, sale or consumption of any prohibited substances while on Hospital premises or while engaged in Hospital business;
- Solicitation of employees, physicians, residents, students or volunteers for any reason, during working hours or at any time on Hospital premises, or through contact outside the Hospital using information obtained through Hospital records or systems;
- Gambling or participating in any other unregulated game of chance while on hospital premises;
- Creating or contributing to unsanitary conditions or defacing hospital premises or property;
- Excessive personal use of hospital telephones, telecommunications, or computer facilities.
- Willful violation of Hospital safety rules and procedures;
- Willful neglect and/or mishandling of hospital equipment, machinery or supplies;
- Fighting and/or the possession of weapons on Hospital property;
- Theft and/or falsification of hospital records;
- Accepting gifts, favours or gratuities from firms, organizations, agents, employees, or other individuals in a manner that is contrary to Hospital policy.

*If the terms of this Policy, either in whole or in part, affect employees who are represented by a union, their employment matters are governed by the terms of the applicable collective agreement.*



## 2018 Ontario Personal Tax Credits Return

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code 	For non-residents only – Country of permanent residence	Social insurance number 
<p><b>1. Basic personal amount</b> – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2018, see "More than one employer or payer at the same time" on page 2.</p>			<b>10,354</b>
<p><b>2. Age amount</b> – If you will be 65 or older on December 31, 2018, and your net income from all sources will be \$37,635 or less, enter \$5,055. If your net income for the year will be between \$37,635 and \$71,335 and you want to calculate a partial claim, get Form TD1ON-WS, <i>Worksheet for the 2018 Ontario Personal Tax Credits Return</i>, and fill in the appropriate section.</p>			
<p><b>3. Pension income amount</b> – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,432, or your estimated annual pension income, whichever is less.</p>			
<p><b>4. Disability amount</b> – If you will claim the disability amount on your income tax return by using Form T2201, <i>Disability Tax Credit Certificate</i>, enter \$8,365.</p>			
<p><b>5. Spouse or common-law partner amount</b> – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be \$879 or less, enter \$8,792. If his or her net income for the year will be between \$879 and \$9,671 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.</p>			
<p><b>6. Amount for an eligible dependant</b> – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be \$879 or less, enter \$8,792. If his or her net income for the year will be between \$879 and \$9,671 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.</p>			
<p><b>7. Ontario caregiver amount</b> – You may be supporting an eligible infirm dependant aged 18 or older who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> <li>• child or grandchild; or</li> <li>• parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada.</li> </ul> <p>If this is your situation, get Form TD1ON-WS and fill in the appropriate section.</p>			
<p><b>8. Amounts transferred from your spouse or common-law partner</b> – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, or disability amount on his or her income tax return, enter the unused amount.</p>			
<p><b>9. Amounts transferred from a dependant</b> – If your dependant will not use all of his or her <b>disability amount</b> on his or her income tax return, enter the unused amount.</p>			
<p><b>10. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 10. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>			

**Filling out Form TD1ON**

Fill out this form **only** if you are an employee working in Ontario or a pensioner residing in Ontario and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed); or
- you want to increase the amount of tax deducted at source.

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

**More than one employer or payer at the same time**

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2018, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1ON, **check** this box, enter "0" on line 10 and do not fill in lines 2 to 9.

**Total income less than total claim amount**

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

**Additional tax to be deducted**

If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

**Reduction in tax deductions**

You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, *Request to Reduce Tax Deductions at Source*, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](http://canada.ca/cra-forms-publications) or call 1-800-959-5525.

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at [canada.ca/cra-info-source](http://canada.ca/cra-info-source), Personal Information Bank CRA PPU120.

**Certification**

I certify that the information given on this form is correct and complete.

Signature \_\_\_\_\_

It is a serious offence to make a false return.

Date \_\_\_\_\_

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only – Country of permanent residence	Social insurance number

  

<p><b>1. Basic personal amount</b> – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2018, see "More than one employer or payer at the same time" on page 2. If you are a non-resident, see "Non-residents" on page 2.</p>	11,809
<p><b>2. Canada caregiver amount for infirm children under age 18</b> – Either parent (but not both), may claim \$2,182 for each infirm child born in 2001 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for that same child who is under age 18.</p>	
<p><b>3. Age amount</b> – If you will be 65 or older on December 31, 2018, and your net income for the year from all sources will be \$36,976 or less, enter \$7,333. If your net income for the year will be between \$36,976 and \$85,863 and you want to calculate a partial claim, get Form TD1-WS, <i>Worksheet for the 2018 Personal Tax Credits Return</i>, and fill in the appropriate section.</p>	
<p><b>4. Pension income amount</b> – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.</p>	
<p><b>5. Tuition (full time and part time)</b> – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.</p>	
<p><b>6. Disability amount</b> – If you will claim the disability amount on your income tax return by using Form T2201, <i>Disability Tax Credit Certificate</i>, enter \$8,235.</p>	
<p><b>7. Spouse or common-law partner amount</b> – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$11,809 (\$13,991 if he or she is <b>infirm</b>), enter the difference between this amount and his or her estimated net income for the year. If his or her net income for the year will be \$11,809 or more (\$13,991 or more if he or she is <b>infirm</b>), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,391 or less <b>and</b> he or she is <b>infirm</b>, go to line 9.</p>	
<p><b>8. Amount for an eligible dependant</b> – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be less than \$11,809 (\$13,991 if he or she is <b>infirm</b> and you <b>cannot claim the Canada caregiver amount for children under age 18 for this dependant</b>), enter the difference between this amount and his or her estimated net income. If his or her net income for the year will be \$11,809 or more (\$13,991 or more if he or she is <b>infirm</b>), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,391 or less <b>and</b> he or she is <b>infirm and is age 18 or older</b>, go to line 9.</p>	
<p><b>9. Canada caregiver amount for eligible dependant or spouse or common-law partner</b> – If, at any time in the year, you support an <b>infirm</b> eligible dependant (aged 18 or older) <b>or</b> an <b>infirm</b> spouse or common-law partner whose net income for the year will be \$23,391 or less, get Form TD1-WS and fill in the appropriate section.</p>	
<p><b>10. Canada caregiver amount for dependant(s) age 18 or older</b> – If, at any time in the year, you support an <b>infirm</b> dependant age 18 or older (<b>other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9, or could have claimed an amount for if his or her net income were under \$13,991</b>) whose net income for the year will be \$16,405 or less, enter \$6,986. If his or her net income for the year will be between \$16,405 and \$23,391 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the Form TD1-WS and fill in the appropriate section.</p>	
<p><b>11. Amounts transferred from your spouse or common-law partner</b> – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition amount, or disability amount on his or her income tax return, enter the unused amount.</p>	
<p><b>12. Amounts transferred from a dependant</b> – If your dependant will not use all of his or her <b>disability amount</b> on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her <b>tuition amount</b> on his or her income tax return, enter the unused amount.</p>	
<p><b>13. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 12. Your employer or payer will use this amount to determine the amount of your tax deductions.</p>	

**Filling out Form TD1**Fill out this form **only** if:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed);
- you want to claim the deduction for living in a prescribed zone; or
- you want to increase the amount of tax deducted at source.

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1, your employer or payer will deduct taxes after allowing the basic personal amount **only**.**More than one employer or payer at the same time**

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2018, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1, **check** this box, enter "0" on line 13 and do not fill in lines 2 to 12.

**Total income less than total claim amount**

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

**Non-residents (Only fill in if you are a non-resident of Canada.)**

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2018?

Yes (Fill out the previous page.)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at **1-800-959-8281**.**Provincial or territorial personal tax credits return**

If your claim amount on line 13 is more than \$11,809, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$11,809), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

**Note:** If you are a Saskatchewan resident supporting children under 18 at any time during 2018, you may be able to claim the child amount on Form TD1SK, *2018 Saskatchewan Personal Tax Credits Return*. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2018, you can claim:

- \$11.00 for each day that you live in the prescribed northern zone; or
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction.

Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.

For more information, go to [canada.ca/taxes-northern-residents](http://canada.ca/taxes-northern-residents).

**Additional tax to be deducted**

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

**Reduction in tax deductions**

You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, *Request to Reduce Tax Deductions at Source*, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at [canada.ca/arc-info-source](http://canada.ca/arc-info-source), Personal Information Bank CRA PPU 120.

**Certification**

I certify that the information given on this form is correct and complete.

Signature \_\_\_\_\_

It is a serious offence to make a false return.

Date \_\_\_\_\_

YYYY/MM/DD



**STUDENT AGREEMENT OF RESPONSIBILITY FORM  
St. Michael's Hospital**

St. Michael's Hospital and your educational institution have a contractual agreement that governs your placement experience at St. Michael's. In addition, there are specific responsibilities you must be aware of and in agreement with before you begin your placement.

**Please read below and indicate that you understand and agree to the following statements by signing below:**

1. All information that I have provided to St. Michael's is accurate.
2. I agree to abide by all regulations, policies and procedures that govern St. Michael's, and understand that copies of these are available to me from my supervisor/investigator and on the St. Michael's Intranet.
3. I have read and agree to comply with the St. Michael's policies on confidentiality and business code of conduct.
4. I acknowledge that any client at any time may decline to have me involved in their care, based on my status as a student (where applicable).
5. I understand that St. Michael's may terminate this agreement at any time, should St. Michael's deem my conduct or performance unacceptable. Except in extraordinary circumstances, such a decision would not be made without first consulting with me and my Educational Institution.
6. I understand that St. Michael's at no time will accept responsibility for loss or damage to my personal property including motor vehicles parked or driven on St. Michael's premises.
7. I will at all times, practice within the scope of my knowledge and skill, and I will request and accept appropriate supervision.
8. I consent to the collection and use of my personal information on this form by St. Michael's for administrative purposes including external reporting as required by the government.
9. I agree to wear the St. Michael's Identification Badge assigned to me at all times during my placement at St. Michael's and to return it to my supervisor/investigator when I have completed my placement(s).
10. I will complete the Corporate Health and Safety Services forms and wear the appropriate personal protective equipment as required

Date:
Student Name <i>(please print)</i>
Signature:

NAME:

**GRADUATE STUDENT COURSE INFORMATION AND RESEARCH TRAINING CENTER  
REGISTRATION FORM  
St. Michael's Hospital**

**Graduate Student Definition:** Graduate Students are registered in a recognized University Masters or PhD Graduate Study Program and who are at St. Michael's under a formal arrangement between St. Michael's and the University. The graduate students are completing/working on their graduate studies thesis/research at St. Michael's and the work is a requirement of their graduate studies education. Their university graduate studies thesis supervisor is typically an investigator at St. Michael's Hospital. Graduate Students are NOT employees of St. Michael's and they receive a stipend payment. The stipend payment is in accordance with the School of Graduate Studies where the graduate student is registered.

**PERSONAL INFORMATION**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**GRADUATE TRAINING INFORMATION**

Start Date in Graduate Studies Program:  Expected End Date (Graduation Date) of Graduate Studies Program:
Name of Academic Institution (including faculty and dept) where you are registered as a Graduate Student:  Are you Registered in a: <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other  Are you enrolled <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time  Name of University Graduate Studies Supervisor: Dept: Phone:  <b>Project Title:</b>  Apart of Registration you will be required to attach proof of registration in Graduate Program at a University e.g., university offer letter, copy of confirmation email from your University Department contact)

**NAME:**

Is the work that you will be doing at St. Michael's a required component of your Graduate Studies education?

Yes

No\*

If you indicated No, please describe:

If No, please contact Cordelia Cooper, 416-864-6060x7828; [cooperc@smh.ca](mailto:cooperc@smh.ca)

Please describe the work/research that you will be doing at St. Michael's?

Please indicate how much you're paid per year by St. Michael's and the University as a Graduate Student and cite sources of funding (e.g., CIHR etc.):

St. Michael's: \$ \_\_\_\_\_ per year. Source of Funds:

University: \$ \_\_\_\_\_ per year. Source of Funds:

We the undersigned, agree that to the best of our knowledge, the information provided above is correct.

\_\_\_\_\_  
St. Michael's Investigator/Supervisor

\_\_\_\_\_  
Graduate Student

2 Shuter – Rm 2-053  
 Tel: (416) 864-5013  
 Fax (416) 864-5405

**CORPORATE HEALTH AND SAFETY SERVICES  
 HEALTH QUESTIONNAIRE**

*PRINT NAME*

<b>Name:</b>	<b>Date of Birth:</b> (mm/dd/yy):	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>Address:</b>	<b>Telephone #:</b> (    )	
	<b>Start Date:</b>	
<b>Postal Code:</b>	<b>Employee ID#:</b>	
<b>Department :</b>	<b>Position:</b>	
<b>Employment Status:</b> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/>	<b>Family Doctor's Name:</b>	<b>Telephone :</b> (    )

***HEALTH HISTORY:***

- 1.a) Do you have any allergies? No  Yes  If yes, explain \_\_\_\_\_  
 \_\_\_\_\_
- b) Do you have an allergy to Latex? No  Yes  If yes, explain \_\_\_\_\_  
 \_\_\_\_\_
2. Are you currently, or have you recently, been under a doctor's care for an illness or health complaint that could possibly affect your ability to do your job? No  Yes  If yes, explain \_\_\_\_\_  
 \_\_\_\_\_
3. Are you currently taking any prescription or non-prescription medication which affects your level of concentration or makes you feel sleepy? No  Yes  If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

***OCCUPATIONAL HISTORY:***

In your previous occupations or hobbies please indicate if you have been exposed to any of the following:

	Y	N		Y	N
Asbestos			Ethylene Oxide		
Lead			Radiation		
Isocyanates			Active TB		
Noise			Mineral dust(coal)		
Heavy Metals (nickel, mercury)			Fumes (welding, chemical)		

If yes, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that my declarations are confidential and will be kept in the Corporate Health and Safety Services. I certify my answers to the above questions are correct and complete.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Immunization and Surveillance Record**

**Corporate Health and Safety Services – St. Michael's Hospital**

In order to comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals, you must have the following form **completed and signed by your physician or, if appropriate, your previous employer prior to commencing your employment at St. Michael's Hospital**

Name: _____ (please print)	Date of Birth: _____ (m/dy/yr)
Home Telephone# _____	Expected Start Date _____ Dept _____

**Tuberculin Skin Testing:** 2 Step required. 2<sup>nd</sup> step must be given 7 to 21 days after 1<sup>st</sup> test in the opposite arm if the 1<sup>st</sup> test is negative

Date of 1<sup>st</sup> step test: \_\_\_\_\_ Result:  negative  positive Induration in mm: \_\_\_\_\_

Date of 2<sup>nd</sup> step test: \_\_\_\_\_ Result:  negative  positive Induration in mm: \_\_\_\_\_

Chest X-Ray: Required if TB skin test is positive i.e. greater than 10mm induration. Chest x-ray must have been done within the last year.

Chest X-Ray Date: \_\_\_\_\_ Result: \_\_\_\_\_

**Immunization:**

**Measles/Mumps/Rubella** 1 MMR after 1<sup>st</sup> birthday plus an additional measles booster or a 2<sup>nd</sup> MMR

MMR Date (if available): Measles Booster or 2<sup>nd</sup> MMR Date: \_\_\_\_\_

**Laboratory Evidence of Immunity(Titres)**

Measles: Date of Titre \_\_\_\_\_ Result  immune  non-immune

Mumps: Date of Titre \_\_\_\_\_ Result  immune  non-immune

Rubella: Date of Titre \_\_\_\_\_ Result  immune  non-immune

**Varicella:**

**Laboratory Evidence of Immunity(Titres)**

Varicella: Date of Titre \_\_\_\_\_ Result  immune  non-immune

or

Varicella Vaccine 1<sup>st</sup> Dose Date \_\_\_\_\_ 2<sup>nd</sup> Dose Date \_\_\_\_\_

(2 doses required)

**Hepatitis B Immune Status**

Have you received Hepatitis B Vaccine?  No  Yes Dates: \_\_\_\_\_

Laboratory evidence of immunity to Hepatitis B (Hepatitis B Antibody Titre):  Yes  No Date: \_\_\_\_\_

immune  non-immune

**Influenza Vaccine** Date of last immunization: \_\_\_\_\_

**Tetanus, Diphtheria/Pertussis** Date of last immunization: \_\_\_\_\_

**Completed by:**

Physician/OHN/RN \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(please print)

Physician/OHN/RN Address \_\_\_\_\_

Physician STAMP

I, \_\_\_\_\_ agree to release the above information to Corporate Health and Safety Services.. I understand that my manager will be allowed to know the status of my compliance.

Witness (signature) \_\_\_\_\_ Date: \_\_\_\_\_

## N95 Respirator Medical Questionnaire - Staff

This confidential form is prepared in compliance with Directive ACO 03-05 and C.S.A. Standard Z94.4-02 – Selection, Use, and Care of Respirators.

<b>Name of Unit/Department:</b>		
Name (last, first, middle):	Job title:	Employee ID no.
Today's date:	Contact telephone number: Daytime: ( )	Evening: ( )
The best time to phone you at this number: Between and		

In the event that CHSS staff needs to contact you, we do need a phone, cell or pager number where you can be reached. If we can only reach you through your manager, please indicate this and be sure to include that phone number as well.

1. Have you ever worn a respirator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- If 'yes', check which types: <input type="checkbox"/> N95 particulate respirator <input type="checkbox"/> Air purifying respirator		
2. If you have worn a respirator in the past did you have any difficulties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- If 'yes', did you have:		
- eye irritation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
- skin irritation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
- other, please describe: _____		
3. Do you have trouble tasting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have asthma? (if you take medication for asthma, please remember to bring them with you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have any other lung or breathing problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- If 'yes', please indicate which ones you have:		
6a. Do you have any of the following medical conditions that might interfere with the use of a respirator? (please check those that apply)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Epilepsy or seizure disorder <input type="checkbox"/> High blood pressure		
<input type="checkbox"/> Fainting spells <input type="checkbox"/> Heart problems		
6b. Besides the medical conditions listed in 6a, are you currently taking a prescription and/or over the counter medication with full symptoms that may interfere with wearing a respirator – such as: (please check those that apply)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Shortness of breath <input type="checkbox"/> Difficulties breathing <input type="checkbox"/> Heart problems		
<input type="checkbox"/> Chest pain <input type="checkbox"/> Light headedness <input type="checkbox"/> Blackouts		
7. Do you have an allergic reaction that may interfere with your breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have:		
- latex sensitivity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
- latex allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
- other allergies, please describe: _____		

**If you have indicated any medical concerns, you will be contacted by an Occupational Health Nurse from CHSS.**

Staff Signature: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

# FIT-TESTING WORKSHEET

Date of fit-testing: \_\_\_\_\_

*(this section to be completed by the Fit-tester)*

<b>Fit Test Challenge</b>				
<b>Qualitative Bitrex</b> <input type="checkbox"/>		<b>Qualitative Saccharin</b> <input type="checkbox"/>		<b>Quantitative (PortaCount)</b> <input type="checkbox"/> <b>PortaCount #</b> <u>    </u>
Group 9	Mask Code	Model #	Pass	Fail
	<b>C</b>	1860	<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	1860s	<input type="checkbox"/>	<input type="checkbox"/>
	<b>E</b>	1870/9210	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F</b>	8110s	<input type="checkbox"/>	<input type="checkbox"/>
	<b>G</b>	8210	<input type="checkbox"/>	<input type="checkbox"/>
		9210+	<input type="checkbox"/>	<input type="checkbox"/>
		1870+	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Staff signature:** \_\_\_\_\_

**Name of Fit-tester:** \_\_\_\_\_

# St. Michael's

Inspired Care.  
Inspiring Science.

Fit-test Clinic  
Corporate Health and Safety Services  
2<sup>nd</sup> floor Shuter Wing, 30 Bond Street  
Toronto, ON M5B 1W8  
Telephone: (416) 864-6060 extension 6944  
Fax: (416) 864-5405  
Email: [maskfitting@smh.toronto.on.ca](mailto:maskfitting@smh.toronto.on.ca)

## Instructions for Respirator Fit-testing

### Step 1:

- Complete the N95 Respirator Medical Questionnaire form (double-sided) and sign the bottom
- Make sure that you have clearly indicated your contact information on the form
- Be sure to read through all the instructions

### Step 2:

- Please call the Fit-test Clinic to book your appointment
- You will need to bring a copy of your completed questionnaire on the day of your appointment

### Step 3 (day of your appointment):

- **20 Minutes** before your fit-testing, **do not:**
  - eat
  - drink (only permitted to drink water)
  - smoke
  - chew gum

### **IMPORTANT:** We will not perform respirator fit-testing under the following conditions:

1. If we have not received and cleared your N95 Respiratory Medical Questionnaire. Please ensure that a copy has been sent to Corporate Health & Safety Services prior to booking your appointment
2. Staff must be **CLEAN SHAVEN**. A proper seal with the respirator cannot be formed if there is any facial hair. Razors will be provided upon request.

**THANK YOU AND PLEASE DO NOT HESITATE TO CONTACT US FOR ANY FURTHER QUESTIONS REGARDING RESPIRATOR FIT-TESTING.**

### Directions to the Fit-test Clinic:

- The Hospital is located on the intersection of Queen and Victoria Street
- Enter the Hospital through the Shuter St. entrance and take the Shuter elevator (immediately located to the right after entering and go to the 2<sup>nd</sup> floor
- Register for your appointment at the CHSS reception desk

