

Research Affiliate Visitor Forms for Visitor

Research Affiliate Visitor Checklist

IN-PERSON REGISTRATION

1. Please pre-register by the Sunday before the in-person registration session you are planning to attend at https://www.surveymonkey.com/s/ORA_pre_registration.

2. The Visitor must personally bring all PI and Visitor forms and Documentation to the in person registration. Visitors 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 glass doors)

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 THE DOCUMENTATION BELOW BEFORE YOU COME TO REGISTER

*please do not staple your forms and print single sided

FORMS TO BE COMPLETED & SIGNED BY INVESTIGATOR

- Bar Code Identification Form
- Research Visitor Assignment Form for PIs/Managers*
- Research Visitor Service Agreement*
- Observing Patients and accessing Patient Data for Research – Acknowledgment*

*Visitor signature also required

FORMS TO BE COMPLETED & SIGNED BY VISITOR

- Personal Information form
- Privacy and Confidentiality Agreement
- Letter of Representation of Compliance with the Code of Business Conduct

VISITOR ALSO BRING THE FOLLOWING DOCUMENTATION

- (2) pieces of government-issued ID (see below)
- If International, please provide appropriate documentation such as a work permit, visa, etc.

Questions? Please Contact: Cordelia Cooper, Research Employment Coordinator (416 864-3077 / cooperc@smh.ca)

CORPORATE HEALTH AND SAFETY SERVICES

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

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

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.

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

Personal Information Form

Last Name	First Name	Initial	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 _____					
Type of Visitor:					
<input type="checkbox"/> International Scientist	<input type="checkbox"/> International Student	<input type="checkbox"/> Service Provider			
<input type="checkbox"/> Community Collaborator	<input type="checkbox"/> Employee from another Academic Institution	<input type="checkbox"/> Other _____			
Have you ever been engaged at SMH? If so, in what capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Employee	<input type="checkbox"/> Student (type) _____				
<input type="checkbox"/> Post Doctoral Fellow	<input type="checkbox"/> Other _____				
HEALTH INSURANCE					
I acknowledge and understand that St. Michael's Hospital does not provide health insurance for me while engaged as a research visitor. In the case of injury when visiting, Research Visitors are not covered by Workplace Safety and Insurance Board (WSIB) coverage and therefore all research visitors must have OHIP, other provincial coverage or private insurance.					
Print Name: _____					
Signature: _____			Date: _____		
EMERGENCY NOTIFICATION					
Name _____		Home Phone _____			
Relation _____		Cell Phone _____			

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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: _____
(d d / m m / y y y y)

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

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.

2 Shuter – Rm 2-053

Tel: (416) 864-5013

Fax (416) 864-5405

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CORPORATE HEALTH AND SAFETY SERVICES
HEALTH QUESTIONNAIRE

PRINT NAME

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

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

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

Date of 1st step test: _____ Result: negative positive Induration in mm: _____

Date of 2nd 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 1st birthday plus an additional measles booster or a 2nd MMR

MMR Date (if available): Measles Booster or 2nd 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 1st Dose Date _____ 2nd 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: _____

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Fit-test Clinic
Corporate Health and Safety Services
2nd 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

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

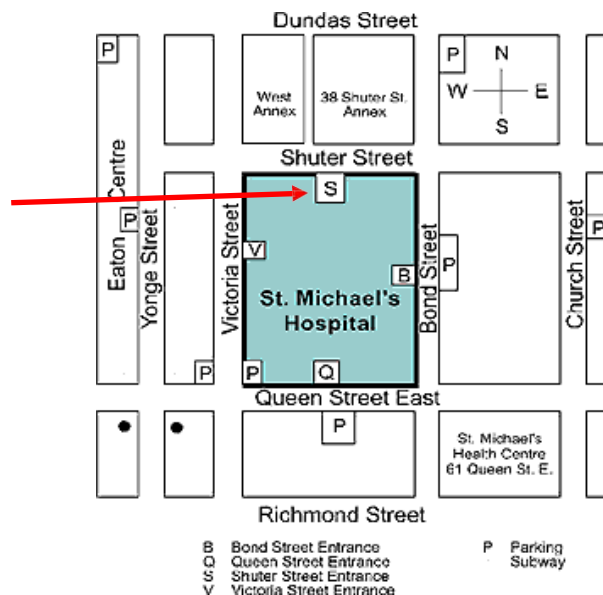
IMPORTANT: We will not perform respirator fit-testing under the following conditions:

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 2nd floor
- Register for your appointment at the CHSS reception desk



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.

Name of Unit/Department:		
Name (last, first, middle):	Job title: Research Visitor	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)

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