



CITY OF WINNIPEG

OCCUPATIONAL HEALTH IMMUNIZATION RECORD

NAME: _____

DEPARTMENT: *Winnipeg Fire Paramedic Service*

MHSC PHIN: _____

DATE OF BIRTH: _____

D. REQUIRED IMMUNIZATIONS & ANTIBODY TESTING:

Note: Vaccinations will be required for all negative antibody titres (excluding Hepatitis C)

1. **MEASLES VIRUS VACCINE:** (Red, Rubeola) – No antibody testing required if born before 1970-considered immune.

Born after 1970 requires one of the following:

- Laboratory evidence of immunity Titre Date: _____

2. **MUMPS:** – No antibody testing required if born before 1970 – considered immune.

Born after 1970 require one of the following:

- Laboratory evidence of immunity Titre Date: _____

3. **RUBELLA:** (German Measles) – No antibody testing required if born before 1970 – considered immune.

Born after 1970 require one of the following:

- Laboratory evidence of immunity Titre Date: _____

4. **VARICELLA:** (Chicken Pox)

- Laboratory evidence of immunity Titre Date: _____

5. **HEPATITIS A & B VACCINE (Twinrix) :**

Dose #1 _____ Dose #2 _____ Dose #3 _____
(Titre levels to be drawn **6 weeks** after Dose #3)

Titre Date: _____ Results: Hepatitis A antibody _____

Titre Date: _____ Results: Hepatitis B antibody _____

