

COMMUNICABLE DISEASES QUESTIONNAIRE FOR PERSONS PARTICIPATING IN INTEGRATION TRAINING OR A WORK TRY-OUT

This bulletin describes the requirements laid down in the Communicable Diseases Act concerning the Welfare and Health Sector and the Growth and Learning Sector. Attached you will find a communicable diseases questionnaire. The aim of the questionnaire is to collect information about previous vaccinations and risk factors related to tuberculosis and salmonella.

The educational institution / service provider and the TE Centre (for those participating in a work try-out) is responsible for informing students about the questionnaire and distributing the questionnaire to them. If an answer gives reason to suspect a communicable disease, the need for further action will be assessed at a health centre. A student must submit a completed questionnaire to the unit supervisor/instructor before the start of the training / work try-out. Submitting the questionnaire is voluntary, but failure to do so may prevent the student from participating in the training / work try-out. A trainee / work try-out participant who has symptoms cannot start or continue their work until the cause of the symptoms has been determined.

Persons who work in early childhood education and pre-primary education units only have to answer the questions regarding tuberculosis. They can leave the rest of the questions unanswered.

In accordance with section 48 of the Communicable Diseases Act, a person taking part in a work try-out must be protected against measles and varicella (chickenpox) either through vaccination or by having had the disease. In addition, annual vaccination against influenza is required, as is vaccination against whooping cough every five years for persons caring for under 1-year-olds. Employees' and students' vaccinations increase both patient and occupational safety.

In addition, according to sections 55 and 56 of the Communicable Diseases Act, a statement is required ensuring that the person does not have respiratory tuberculosis or salmonella. The statement on respiratory tuberculosis is required of those working in health care units. The statement on salmonella is required of all food workers.

Only for a special reason can an employer let an unvaccinated employee or student work on client and patient premises where patients or clients susceptible to serious consequences of communicable diseases are treated. The requirement applies to those working mainly or repeatedly on these premises. Vaccinations are voluntary.

The trainee or work try-out participant is responsible for acquiring their vaccination information and keeping their vaccinations up to date. The information can be found on your vaccination certificate. You can inquire about your vaccination information from the places where you have been vaccinated. You can inquire about the vaccinations you received at a child health clinic and at school from your previous school or student health care nurse. You can inquire about the vaccinations you have received as an adult from your health centre or your occupational health care provider.

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Name	Personal identity code
Training provider	Phone number

1. Tuberculosis risk assessment questionnaire

If you are a trainee in an early childhood education or pre-primary education unit, you only have to fill in this section. If you answer "yes" to any question, please contact your health centre.

Have you experienced the following symptoms?

Continuous cough for more than 3 weeks	No	Yes
Coughing up mucus	No	Yes
Coughing up blood	No	Yes
Fever for more than 2 weeks	No	Yes
Night sweats for more than 2 weeks	No	Yes
Abnormal fatigue for more than 2 weeks	No	Yes
Weight loss	No	Yes

Risk factors that may have exposed you to tuberculosis

Have you ever been diagnosed with tuberculosis?	No	Yes, what year? _____
		In which country were you born? _____
Have you been in close contact with a person with tuberculosis (e.g. those living in the same household, relatives, friends)?	No	Yes
Have you worked in units caring for tuberculosis patients in any country?	No	Yes Where? _____
Have you worked in health care or been a patient for at least three consecutive months or resided for at least 12 months in a country with a very high incidence of tuberculosis? ($\geq 150/100,000$; see the list of countries on the website of the Finnish Institute for Health and Welfare, THL)	No	Yes Where? _____
Were you born in a country with a high incidence of tuberculosis ($\geq 50/100,000$; see the list of countries on the website of the Finnish Institute for Health and Welfare, THL) and do you work in a neonatal ward?	No	Yes
Were you born in a country with a very high incidence of tuberculosis? ($\geq 150/100,000$; see the list of countries on the website of the Finnish Institute for Health and Welfare, THL)	No	Yes

2. Questionnaire on previous vaccinations or diseases specified in the Communicable Diseases Act.

If your answer to any of the following questions is "I do not know" or "I have not been vaccinated" or that you have not had the disease, please contact your health centre.		
Primary vaccine under the national vaccination programme	Vaccinations	Disease
Measles (MPR vaccine) Measles vaccinations started in 1975, and the MPR vaccine has been administered to children at child health clinics since 1982. Those born before 1970 are assumed to have had the measles.	I have received 2 doses of the vaccine I have received 1 dose of the vaccine I have not been vaccinated I do not know	I have had the measles Yes No I do not know
Varicella (chickenpox) vaccine About 95 % of Finns have had chickenpox by the age of 12. Child health clinics started vaccinating children against chickenpox in September 2017, so the working-age population has not received this vaccine as part of the vaccination programme.	I have received 2 doses of the vaccine I have received 1 dose of the vaccine I have not been vaccinated I do not know	I have had chickenpox Yes No En tiedä
Diphtheria and tetanus vaccine (DT vaccine)	Latest vaccination Year _____ I do not know	
Diphtheria, tetanus and pertussis (whooping cough) vaccine (DTaP vaccine)	Latest vaccination Year _____ I do not know	
Influenza vaccine Annual vaccination	Latest vaccination Year _____ I do not know	

3. Questionnaire on salmonella risk (only for food workers)

If you answer "yes" to any question, please contact your health centre.		
Salmonella risk factors		
Do you currently have diarrhoea, or have you had diarrhoea during the past month?	No	Yes
Has anyone close to you been diagnosed with salmonella during the past month?	No	Yes

Signature

I certify that the information above is correct.	
Place and date	Signature and name in block letter