

Entry Immunization Form

All information must be transcribed to this form. Supporting documents alone will not be accepted.

Part A: Personal Information (To be completed by student):

Personal Information:

Last Name: _____ First Name: _____

Date of Birth (YYYY-MM-DD): _____ Student ID# _____

Part B: Program Information (To be completed by student):

Program Information:

School Office (please check one):

- Centre for Professional & Part-Time Learning
- School of Horticulture & Hospitality
- School of Business, IT & Management
- School of Health & Community Services
- School of Interdisciplinary Studies
- School of Justice & Emergency Services
- School of Media, Art & Design
- School of Science & Engineering Technology
- School of Skilled Trades, Apprenticeship & Renewable Technology

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All Information below is to be completed by a physician/nurse.

Part C: Immunization Requirements (Please refer to attached instructions)

C.1 Tetanus, Diphtheria (Is valid for 10 years.)

IMMUNIZATION	DATE GIVEN (YYYY-MM-DD)
Tetanus, Diphtheria, Pertussis (TdaP)	
Tetanus, Diphtheria (Td)	

C.2 Polio (Must be after 4th birthday)

IMMUNIZATION	DATE GIVEN (YYYY-MM-DD)
Polio	

C.3 Varicella (2nd dose must be administered at least 4- 6 weeks after 1st dose, if inadequate immunity.)

	DATE (YYYY-MM-DD)	RESULTS (Please check one)		
Varicella Titre		<input type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune	<input type="checkbox"/> Indeterminate

OR

IMMUNIZATION	DATE GIVEN (YYYY-MM-DD)
Varicella Dose #1 Date	
Varicella Dose #2 Date	

C.4 Measles, Mumps, Rubella (Booster dose must be administered if inadequate immunity.)

IMMUNIZATION	DATE (YYYY-MM-DD)	RESULTS (Please check one)		
Measles Titre		<input type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune	<input type="checkbox"/> Indeterminate
Mumps Titre		<input type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune	<input type="checkbox"/> Indeterminate
Rubella Titre		<input type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune	<input type="checkbox"/> Indeterminate

OR

IMMUNIZATION	DATE GIVEN (YYYY-MM-DD)
MMR Dose #1 Date	
MMR Dose #2 Date	
MMR Booster (if needed) Date	

Student Name: _____

Student ID#: _____

C.5 Hepatitis B (Hepatitis B Blood work must be completed, and results transcribed below) If the titre results show non-immune, the series must be given or repeated and additional blood work post second series is required.

Section A: Must complete ALL of Section A.

IMMUNIZATION	DATE (YYYY-MM-DD)	RESULTS (Please check one)	
Hepatitis B Titre		<input type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune

AND

IMMUNIZATION	DATE GIVEN (YYYY-MM-DD)
Hepatitis B Dose #1 Date	
Hepatitis B Dose #2 Date	
Hepatitis B Dose #3 Date	

If Non-Immune in Section A, please complete Section B.

Section B:

IMMUNIZATION	DATE (YYYY-MM-DD)	RESULTS (Please check one)	
Second Series Hepatitis B Titre		<input type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune

AND

IMMUNIZATION	DATE GIVEN (YYYY-MM-DD)
Second Series Hepatitis B Dose #1 Date	
Second Series Hepatitis B Dose #2 Date	
Second Series Hepatitis B Dose #3 Date	

Part D: Tuberculosis Surveillance Requirements

D.1 History

Student's country of birth: _____

	VACCINE RECEIVED (Please check one)		DATE RECEIVED (YYYY-MM-DD)
BCG Vaccine (TB Testing is mandatory regardless of BCG history)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	History of TB Infection (Please check one)		DATE OF TREATMENT (YYYY-MM-DD)
TB Infection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	History of positive TB Test (Please check one)		DATE OF TEST (YYYY-MM-DD)
TB Test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

D.2 2-Step Tuberculosis Skin Test (Mantoux)

- 2-Step TB testing is mandatory.
- Each TB test is to be read 48-72 hours after planting.
- The 2nd step to be planted 7-21 days after the 1st step.
- The TB test is valid for 1 year
- **A Chest X-Ray report less than 1 year old must be attached for any positive TB test (previous or current) or a history of TB infection.**

STEP	DATE GIVEN (YYYY-MM-DD)	SITE	DATE READ (YYYY-MM-DD)	RESULTS IN MM	SIGNATURE
Step 1					
Step 2					

D.3 1-Step Tuberculosis Skin Test (Valid only with proof of previous negative 2-Step TB Test)

STEP	DATE GIVEN (YYYY-MM-DD)	SITE	DATE READ (YYYY-MM-DD)	RESULTS IN MM	SIGNATURE
Step 1					

D.4 Chest X-Ray Report (only if required)

Report attached Date (YYYY-MM-DD): _____

Results: _____

Part E: Recommended Vaccinations

- **Influenza Vaccine** - This vaccine is available between October and May. It is not mandatory but highly recommended. If there is an outbreak at your placement facility and you have not been vaccinated, you may not be allowed to attend that placement.
- **Bacterial Meningococcal Vaccine** (Menactra or Menveo, and Bexsero). These vaccines are not mandatory but recommended.

VACCINATIONS	VACCINE RECEIVED (Please check one)		DATE RECEIVED (YYYY-MM-DD)
Influenza Vaccine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bacterial Meningococcal Vaccine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PART F: Clinic Stamp and Signature of Physician or Nurse

Physician or Nurse Name (please print): _____

Clinic Address: _____

Clinic Telephone#: _____

Signature: _____ Date: _____

Please place clinic stamp in box below.



Instructions for Completing the Entry Immunization Form

STUDENTS: Please take this form with you to your Health Care Provider

This is your Entry Immunization Form. This form is a prerequisite for students attending placements where communicable disease surveillance protocols and health legislation exist.

Please ensure the form is complete and legible. **You will need your immunization records to complete this form.** If you attended school in Ontario, your childhood immunization records may be obtained by calling Durham Health Connection Line at 905-666-6241 or 1-800-841-2729. For other provinces please contact your local Public Health Department.

This form follows the standards outlined in the Canadian Immunization Guide, the Ontario Hospital Association, the Ontario Medical Association, and the Durham Region Health Department.

An Informed Consent must be filled out at the Campus Health Centre for Immunization Exemption. Immune status is required via blood titre levels and a record of past vaccinations must be provided for the Informed Consent to be processed. TB testing is mandatory.

Entry Immunization Form requirements:

C.1 Tetanus, Diphtheria, Pertussis (TdaP) or Tetanus, Diphtheria (Td)

- TdaP or Td is due every ten years and must be valid throughout the program.

C.2 Polio

- Date of Polio vaccine given after the 4th birthday is required.

C.3 Varicella (Chicken Pox)

- Two (2) doses of the Varicella vaccine are required **OR**
- Serology results to indicate immunity to Varicella.
- Two (2) doses of Varicella vaccine must be given if there is inadequate immunity.
- Dose #2 must be administered at least 4 weeks after 1st dose.

C.4 Measles, Mumps, Rubella

- Two (2) doses of MMR are required. (Measles only is not sufficient) **OR**
- Serology results to indicate immunity to **each** of Measles, Mumps and Rubella.
- One (1) MMR booster must be given if there is inadequate immunity.
- If MMR was given in 1996, verify the vaccine was MMR and not Measles only.
- Dose #2 must be administered at least 4 weeks after 1st dose.

C.5 Hepatitis B

- Serology testing is required to determine evidence of immunity.
- If a series of two (2) Hepatitis B vaccinations were given in school and serology testing shows inadequate immunity, a booster dose is to be given followed by serology 1 month later. If the second serology testing still shows inadequate immunity the vaccination series must be repeated.
- If a series of three (3) Hepatitis B vaccinations were given and serology testing show inadequate immunity the series of 3 vaccinations must be repeated.
- If after the 2nd series there is still inadequate immunity the student is considered a non-responder.
- The series of 3 vaccinations must be started prior to admission if there is inadequate immunity.
- It is the student's responsibility to complete the series.
- The Hepatitis B series is not mandatory (but recommended) for Dental Reception and Administration.

D. Tuberculosis Skin Testing (Mantoux)

- A 2-step tuberculosis skin test is required for all students admitted to the program. The 2nd step is given 7-21 days after the 1st step. TB Tests are valid for 1 year.
- If the student has had a 2-step TB test, proof must be provided along with the current 1-step test.
- If the student has a positive TB test (>10mm) the test should never be repeated. A chest x-ray report less than one year old must be provided.
- If the student has a history of a positive TB test or TB infection, TB testing should not be done. Documentation of the positive test and a negative chest x-ray report less than 1 year old must be provided.
- A history of BCG vaccination must be documented. **TB testing is mandatory regardless of BCG history.**

Entry Immunization Form: APPENDIX A

Purpose of Appendix: To address the **worldwide** shortage of **Hepatitis B vaccine**, we recommend the following strategies moving forward. It is unknown how long this shortage will last.

Process:

- Serology may be drawn for Hepatitis A along with Hepatitis B.
- If a student is not immune to both Hepatitis A and B, Twinrix Vaccine (Hepatitis A and B) may be offered instead of Hepatitis B only vaccine.
- If the student has started a Hepatitis B series it can be completed as the vaccine becomes available (in collaboration with the pharmacist).
- Serology levels for Hepatitis B are to be checked to determine a) if a booster is required with bloodwork in 1 month, or b) a full series is required. In many cases only a booster dose will be needed.

Please see page 4 section C.5 of the Entry Immunization Form for further instructions in relation to Hepatitis B requirement.