



### Overview

**Health care students** are at risk of exposure to communicable diseases because of their contact with patients/clients/residents or material from patients/clients/residents with infections, both diagnosed and undiagnosed. Maintenance of immunity against vaccine-preventable diseases is an integral part of a health care facility's occupational health program. Optimal immunization for health care students will not only safeguard their own health but may also protect patients/clients/residents from becoming infected by a health care student.

**Students** should be aware that lack of immunization might affect their ability to work/do their practicum in some facilities and may affect their ability to progress in the program.

The priority for all students of health care programs should be to ensure that all routine immunizations, including booster doses, are completed and booster doses are provided as needed on an ongoing basis.

Reference: BC Centre for Disease Control Immunization Program (2016). *Communicable disease control manual*, Section III.

### Immunization Process for Health Care Students

1. Students newly admitted to health care programs will submit proof of immunization upon registration for their admission. Records should be signed or stamped by a health care provider.
2. Immunizations and TB testing **may** be arranged by appointment at:
  - Local Health Units
  - Travel Clinics
  - Family Physician
  - Pharmacists
  - Other (e.g., Tillicum Lelum Aboriginal Friendship Centre, Nanaimo, BC)

**Students should bring all childhood or previous immunization records to the appointment for review.**

3. Immunizations will be provided to students for the specific program they are entering, based on previous immunizations, birth year, and previous vaccine preventable illness.
4. All students are responsible for keeping their own records of immunization and/or laboratory testing, and updating their immunizations as needed.
5. Students who cannot be immunized because of allergies, pregnancy or for other reasons should provide a letter from a health care provider to that effect.

**Please note: There may be a fee for vaccination services.**



## Immunization Requirements—Health Care Programs

Name: \_\_\_\_\_  
(Last) (First) (Initial) Maiden Name: \_\_\_\_\_  
(If Applicable)

Address: \_\_\_\_\_  
(Street) (City) (Prov) (Postal Code)

Tel. No. (Include area code): \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Personal Health No. (Care Card): \_\_\_\_\_

Program Name: \_\_\_\_\_ VIU Student No.: \_\_\_\_\_

Program Entry Date (YYYY-MM): \_\_\_\_\_

\*\*\*\* Please list all dates for immunizations in the following order: Year/Month/Day \*\*\*\*

Note: Vaccine providers should refer to the BC Centre for Disease Control (BCCDC) Communicable Disease Control Manual available at [www.bccdc.ca](http://www.bccdc.ca) for the most current immunization guidelines and eligibility for publicly-funded vaccines.

### 1. Td - Tetanus & Diphtheria

Primary Tetanus/Diphtheria-containing vaccine series (3 or 4 doses) in early childhood:  Yes  No

If no, completion of 3 dose series: Tdap (Adacel) dose #1: Date: \_\_\_\_\_

Td dose #2: Date: \_\_\_\_\_

Td dose #3: Date: \_\_\_\_\_

Td booster (must be within the last 10 years): Date: \_\_\_\_\_

### 2. Polio

Primary polio series (3 doses) in early childhood:  Yes  No

If no, completion of 3 dose series: Polio dose #1: Date: \_\_\_\_\_

Polio dose #2: Date: \_\_\_\_\_

Polio dose #3: Date: \_\_\_\_\_

Polio booster 10 years after primary series for health care students who may be exposed to feces: Date: \_\_\_\_\_

### 3. Measles, Mumps, Rubella (MMR)

The need for MMR vaccine is dependent on birth year, previous illness, and previous immunization for each of the antigens. Previous vaccines may have been given as Measles, Mumps and Rubella (MMR), or singly, or in various combinations.

Measles, Mumps and Rubella (MMR) vaccine #1: Date: \_\_\_\_\_

Measles, Mumps and Rubella (MMR) vaccine #2: Date: \_\_\_\_\_

Other Measles, Mumps or Rubella containing vaccine: Specify: \_\_\_\_\_ Date: \_\_\_\_\_

Measles, Mumps or Rubella lab test for immunity if needed:

Specify test: \_\_\_\_\_ Result: \_\_\_\_\_ Date: \_\_\_\_\_

Specify test: \_\_\_\_\_ Result: \_\_\_\_\_ Date: \_\_\_\_\_

Specify test: \_\_\_\_\_ Result: \_\_\_\_\_ Date: \_\_\_\_\_



## Immunization Requirements—Health Care Programs

### 4. Chicken Pox (Varicella)

If Varicella disease history or date of vaccines cannot be confirmed, then a Varicella IgG titre must be determined.

History of disease:  Yes  No Date (if known): \_\_\_\_\_  
 OR Varicella immunity (IgG antibody): Result: \_\_\_\_\_ Date: \_\_\_\_\_  
 If susceptible: Varicella vaccine dose #1: Date: \_\_\_\_\_  
 Varicella vaccine dose #2: Date: \_\_\_\_\_

### 5. Hepatitis B Vaccine Series and Immunity Antibody Test

If necessary, the Hepatitis B series may be initiated upon entry into the program. Students are considered immune to Hepatitis B if they have completed a series of Hepatitis B and one documented laboratory test showing immunity.

Hepatitis B dose #1: \_\_\_\_\_ Dose #2: \_\_\_\_\_ Dose #3 (if 3 dose program, or if needed): \_\_\_\_\_  
 (Date) (Date) (Date)  
 Repeat Hepatitis B series (as needed): Dose #4: \_\_\_\_\_ Dose #5: \_\_\_\_\_ Dose #6: \_\_\_\_\_  
 (Date) (Date) (Date)  
 Hepatitis B immunity:  Yes  No Date: \_\_\_\_\_

### 6. Influenza Vaccine (October to April) – Yearly

Date: \_\_\_\_\_

### 7. TB Screening

All health care students should be screened for tuberculosis (TB). Students should have proof of a negative TB skin test done within the past 12 months prior to commencement of the program unless they are a known positive reactor.

TB skin test date: \_\_\_\_\_  
 TB read date: \_\_\_\_\_ Result: \_\_\_\_\_ (mm) Read by: \_\_\_\_\_  
 (Signature of Health Care Provider)

TB chest x-ray (if needed): Result: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Refer to the BCCDC Tuberculosis Manual available at [www.bccdc.ca](http://www.bccdc.ca) for TB screening guidelines.*

**\*\*\*\*\* Students are responsible for submitting this form to the university as directed by their program registration. \*\*\*\*\***

I certify that the above information is accurate and up-to-date.

\_\_\_\_\_  
(Signature of Student) (Date)

\_\_\_\_\_  
(Name/Stamp of Health Care Provider Reviewing This Document) (Signature of Health Care Provider) (Date)

#### For Educational Institution Use Only:

Form received (date): \_\_\_\_\_  In person  Mail  Fax  Drop off  Email  
 Data entered in computer (if applicable) by: \_\_\_\_\_  Form complete

The above is a generic form created by Vancouver Island University for students based on the recommendations of BC Centre for Disease Control (BCCDC).