

Program Immunization- Communicable Disease Form

Students entering the at St. Lawrence College are required to complete the following Immunization - Communicable Disease Form. Incomplete requirements may impact eligibility for clinical/practical/laboratory participation.

Steps to follow:

1. Download this Immunization-Communicable Disease Form.
2. Collect copies of available immunization records.
 - Immunization records may be located from the Ontario Public Health Unit responsible for maintaining your immunization records.
 - Eastern Ontario Health Unit: <https://eohu.icon.ehealthontario.ca/#!/welcome>
 - Kingston, Frontenac, Lennox & Addington Public Health: <https://kfla.icon.ehealthontario.ca/#!/welcome>
 - Leeds, Grenville and Lanark District Health Unit: <https://lgl.icon.ehealthontario.ca/#!/welcome>
 - Contact information for all Ontario Public Health Departments can be found here: <https://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>
 - Additionally, you may be able to locate immunization records from your primary care provider or personal records (e.g., immunization cards/booklets).
3. Schedule an appointment with an SLC Campus Health Centre nurse or your primary care provider to review your immunization records and complete your form.

Campus Health Centre appointment link: <https://bit.ly/Book-an-appointment-at-CampusHealthCentre>

Brockville

Phone: 613-345-0660 ext. 5524

Email: HealthCentreB@sl.on.ca

Room 250B

Cornwall

Phone: 613-933-6080 ext. 5525

Email: HealthCentreC@sl.on.ca

Room A111

Kingston

Phone: 613-544-5400 ext. 5521

Email: HealthCentreK@sl.on.ca

Room 01220

4. Submit your Immunization-Communicable Disease Form and accompanying documentation to immunizations@sl.on.ca. An SLC Campus Health Centre nurse will review your submission and contact you to confirm immunization completion or arrange an appointment to ensure timely completion and next steps.

Please note:

- It is important to complete your Immunization-Communicable Disease Form as soon as possible to avoid delays. The immunization process can be lengthy.
- Depending on your program, there may be a deadline to complete your Immunization-Communicable Disease Form. Please contact your program to confirm.

Questions?

For questions regarding the Immunization - Communicable Disease Form, please contact immunizations@sl.on.ca or an SLC Campus Health Centre location (see contacts above).



Name:

Student ID #:

Program:

Measles Mumps Rubella (MMR) Vaccine

Please complete: Option 1 or 2.

Option	Requirement	Authorization
	Documentation of two MMR vaccines are required. If no records available, bloodwork to determine immunity to MMR is required. Please refer to the Canadian Immunization Guidelines as needed.	
OPTION #1	Immunization	
	Date of 1 st MMR dose: _____ Date of 2 nd MMR dose: _____	_____ Signature and designation of attesting MD, RN or RPN _____ Date
OPTION #2	Serology	
	Date of test: _____ Result (attach report): Measles: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Mumps: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Rubella: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <u>If serology negative/indeterminate:</u> Date of MMR booster: _____	<div>OFFICE STAMP</div>



Name:	
Student ID #:	
Program:	

Varicella (Chicken Pox) Vaccine

Please complete: Option 1 or 2.

Option	Requirement	Authorization
	<p>Documentation of two varicella vaccines are required. Those who received only one dose of varicella vaccine should be given a second dose.</p> <p>If no records available, bloodwork to determine immunity to varicella is required.</p> <p>Please refer to the Canadian Immunization Guidelines as needed.</p>	
OPTION #1	Immunization	
	<p>Date of 1st varicella dose: _____</p> <p>Date of 2nd varicella dose: _____</p>	<p>_____ Signature and designation of attesting MD, RN or RPN</p> <p>_____ Date</p>
OPTION #2	Serology	
	<p>Date of test: _____</p> <p>Result (attach report): <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p><u>If serology negative/indeterminate:</u></p> <p>Date of 1st varicella dose: _____</p> <p>Date of 2nd varicella dose (if required): _____</p>	<p>_____ <i>OFFICE STAMP</i></p>



Name:

Student ID #:

Program:

Hepatitis B (HB) Vaccine

Complete Immunization and Serology.

Requirement	Authorization																
<p>Documented proof of Hepatitis B immunity through immunization records and antibody testing is required.</p> <p>If serology shows insufficient immunity, please repeat series as appropriate then re-titre.</p> <p>Please refer to the Canadian Immunization Guidelines as needed.</p> <p>1. <u>Immunization-Hepatitis B (2 or 3 dose series)</u></p> <table border="1"><thead><tr><th></th><th>1st Dose</th><th>2nd Dose</th><th>3rd Dose</th></tr></thead><tbody><tr><td>Dates:</td><td></td><td></td><td></td></tr></tbody></table> <p>AND</p> <p>2. <u>Hepatitis B antibody titre (HBsAb)</u></p> <p>Date of titre: _____</p> <p>Result (attach report): <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>If required, repeat HB vaccine series:</p> <table border="1"><thead><tr><th></th><th>1st Dose</th><th>2nd Dose</th><th>3rd Dose</th></tr></thead><tbody><tr><td>Dates:</td><td></td><td></td><td></td></tr></tbody></table> <p>THEN</p> <p>3. <u>Repeat HBsAb</u></p> <p>Date of test: _____</p> <p>Result (attach report): <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p>		1 st Dose	2 nd Dose	3 rd Dose	Dates:					1 st Dose	2 nd Dose	3 rd Dose	Dates:				<p>_____ Signature and designation of attesting MD, RN or RPN</p> <p>_____ Date</p> <p><i>OFFICE STAMP</i></p>
	1 st Dose	2 nd Dose	3 rd Dose														
Dates:																	
	1 st Dose	2 nd Dose	3 rd Dose														
Dates:																	



Name:

Student ID #:

Program:

Tetanus/Diphtheria/Pertussis Vaccine

Please complete: Option 1 or 2.

Option	Requirement	Authorization								
	Documented proof of a primary series is required, or an adult catch-up series will be needed. A booster dose of Pertussis is required for all adults. Please refer to the Canadian Immunization Guidelines as needed.									
OPTION #1	Immunization									
	Attach documented proof of a primary series Date of recent booster: _____ Vaccine type: _____	_____ Signature and designation of attesting MD, RN or RPN _____ Date								
OPTION #2	Adult Catch-up Series									
	<table><tr><td>Dose:</td><td>1st (Tdap)</td><td>2nd (TD)</td><td>3rd (TD)</td></tr><tr><td>Dates:</td><td></td><td></td><td></td></tr></table>	Dose:	1 st (Tdap)	2 nd (TD)	3 rd (TD)	Dates:				<div>OFFICE STAMP</div>
Dose:	1 st (Tdap)	2 nd (TD)	3 rd (TD)							
Dates:										

Student Consent for Release of Information/Declaration

I understand and agree that my immunization record will be recorded in the Campus Health Centre Electronic Medical Records system and only accessible to Campus Health Centre Personnel. Only my clearance to participate in clinical/laboratory will be communicated with my Student Placement Facilitator.

Student Signature:

Date (MM/DD/YYYY):