# IMMUNIZATION REQUIREMENTS

Students entering the Child and Youth Care at St. Lawrence College are required to complete this Immunization - Communicable Disease Form. Failure to complete may result in the student being ineligible for clinical/practical/laboratory participation.

**Mandatory medical requirements**: The Immunization – Communicable Disease Form must be completed by a license medical doctor or nurse practitioner.

Steps to follow:

1. Download this immunization form.

2. Ask your healthcare provider to:

   - Complete all sections of the Form
   - Provide you with proof of immunizations and/or laboratory blood results for identified sections
   - Sign and date at the end of each section

3. **PLEASE SET YOUR APPOINTMENTS AS SOON AS POSSIBLE TO AVOID DELAYS.** It takes time to complete all immunization requirements. If you require hepatitis B vaccination the first 2 doses are given 1 month apart. If an adult series for tetanus, diphtheria, polio and pertussis is required, the first 2 doses are 1 month apart. Therefore, do not wait to start this process.

   - **Please note that you may be delayed or denied placement and or be required to pay late fees depending on your program, if immunization requirements are not completed on time.**

4. Please keep all of your required documents*. Your Student Placement Facilitator will be emailing your SLC email account in future with instructions on how to provide your documentation to the College for verification. **Continue to monitor your SLC email for updates regarding immunization submission instructions**.

* Required documents –

- ✓ Immunization-Communicable Disease Form
- ✓ Immunization records
- ✓ Laboratory Reports

Questions? For placement or submission related inquiries, please email your appropriate Student Placement Facilitator. For health or immunization related questions please email immunizations@sl.on.ca.

St. Lawrence College is committed to making our resources usable by all people, whatever their abilities or disabilities. This information will be made available in an alternative format upon request.

CLEAR FORM

Student Wellness
Campus Health Centre | St. Lawrence College

| | |
|---|---|
| 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.<br><br>If no records available, bloodwork to determine immunity to MMR is required.<br><br>Please refer to the **Canadian Immunization Guidelines** as needed. | |
| OPTION #1 | Immunization | |
| | Date of 1st MMR dose: _____<br><br>Date of 2nd MMR dose: _____ | _____<br>Signature and designation of attesting MD or RN<br><br>_____<br>Date |
| OPTION #2 | Serology | |
| | Date of test: _____<br><br>Result (**attach report**):<br>Measles: ☐ Negative ☐ Positive<br>Mumps: ☐ Negative ☐ Positive<br>Rubella: ☐ Negative ☐ Positive<br><br><u>If serology negative/indeterminate:</u><br><br>Date of MMR booster: _____ | *OFFICE STAMP* |

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# Varicella (Chicken Pox) Vaccine

Please complete: Option 1 or 2.

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

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# Hepatitis B (HB) Vaccine

Complete Immunization and Serology.

| Requirement | Authorization |
|---|---|
| Documented proof of Hepatitis B immunity through immunization records and antibody testing is required.<br>If serology shows insufficient immunity, please repeat series as appropriate then re-titre.<br>Please refer to the **Canadian Immunization Guidelines** as needed. | |
| ***1.*** **Immunization-Hepatitis B (2 or 3 dose series)** | |
| Dates: 1st Dose: ____ 2nd Dose: ____ 3rd Dose: ____ | Signature and designation of attesting MD or RN |
| ***AND*** | |
| ***2.*** **Hepatitis B antibody titre (HBsAb)** | |
| Date of titre: _____ | Date |
| Result (**attach report**): ☐ Negative ☐ Positive | |
| **If required**, repeat **HB vaccine series**: | OFFICE STAMP |
| Dates: 1st Dose: ____ 2nd Dose: ____ 3rd Dose: ____ | |
| ***THEN*** | |
| ***3.*** **Repeat HBsAb** | |
| Date of test: _____ | |
| Result (**attach report**): ☐ Negative ☐ Positive | |

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St. Lawrence College

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|---|---|
| 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.<br><br>Please refer to the **Canadian Immunization Guidelines** as needed. | |
| OPTION #1 | Immunization | |
| | **Attach documented proof** of a primary series<br><br>Date of recent booster: _____<br><br>Vaccine type: _____ | _____<br>Signature and designation of attesting MD or RN<br><br>_____<br>Date<br><br>*OFFICE STAMP* |
| OPTION #2 | Adult Catch-up Series | |
| | Dose: 1st (Tdap) / 2nd (TD) / 3rd (TD)<br>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.

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|---|---|---|---|
| Student Signature: | | Date (MM/DD/YYYY): | |