IMMUNIZATION REQUIREMENTS

Students entering the Select Program 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.

Steps to follow:

1. Download this immunization form to have it completed by your healthcare professional.

2. Obtain a copy of your immunization records from the Public Health Unit responsible for maintaining immunization records for your high school.

   - Contact information for all Ontario Public Health Departments can be found on their web site: https://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx
   - For students from Kingston High Schools, visit: https://kfla.icon.ehealthontario.ca/#!/welcome
   - For students from Brockville High Schools, visit: https://lgl.icon.ehealthontario.ca/#!/welcome
   - For students from Cornwall High Schools, visit: https://eohu.icon.ehealthontario.ca/#!/welcome
   - If you are unable to obtain records, please consult with a St. Lawrence College Campus Health Centre Nurse: 613-544-5400 Ext. 5502

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 records. 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**.

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.

CLEAR FORM

Student Wellness
Campus Health Centre | St. Lawrence College

Name:	
Student ID #:	
Program:	

Tuberculosis Skin Testing (TB skin test, TST, Mantoux test)

Please complete: Option 1, 2 or 3.

Option	Requirement	Authorization
OPTION #1	**TB Skin test (2-step)**	
For students who: • Have never received a 2-step TB skin test **OR** • Are unable to provide documentation of receiving a 2-step TB skin test	An initial 2-step TB skin test is required for anyone completing TB skin testing. If there is a negative result, subsequent TB skin testing will be a 1-step (with supporting documentation). Please refer to TB skin testing guidelines from the **Public Health Agency of Canada**. **1st** / TB skin test plant / TB skin test read Dates: Result: ☐ Negative ☐ Positive ___ mm induration ***THEN*** **2nd** / TB skin test plant / TB skin test read Dates: Result: ☐ Negative ☐ Positive ___ mm induration If TB skin test result is **positive**: Required documents: • Attach copy of chest x-ray report, completed within the last 12 months • Attach any subsequent referral/treatment with your completed Immunization - Communicable Disease Form	_____ Signature and designation of attesting MD or RN _____ Date *OFFICE STAMP*

Student Wellness
Campus Health Centre | St. Lawrence College

Name:	
Student ID #:	
Program:	

Tuberculosis Skin Testing Continued

Option	Requirement	Authorization
OPTION #2	**TB Skin test (1-step)**	
For students who: • Have documentation of a previous 2-step TB test with a **negative result** **AND** • Require an up to date 1-step TB skin test	A 1-step TB skin test is required for students who have completed a prior 2-step TB skin test. Please refer to TB skin testing guidelines from the **Public Health Agency of Canada**. ***1.*** **Provide results of previous 2-step TB skin test** **1st** TB skin test plant / TB skin test read Dates: Result: ☐ Negative ☐ Positive ___ mm induration **2nd** TB skin test plant / TB skin test read Dates: Result: ☐ Negative ☐ Positive ___ mm induration ***AND*** ***2.*** **Current 1-step TB Skin Test** TB skin test plant / TB skin test read Dates: Result: ☐ Negative ☐ Positive ___mm induration If TB skin test result is **positive**: Required documents: • Attach copy of chest x-ray report, completed within the last 12 months • Attach any subsequent referral/treatment with your completed Immunization - Communicable Disease Form	_____ Signature and designation of attesting MD or RN _____ Date *OFFICE STAMP*

Student Wellness
Campus Health Centre | St. Lawrence College

Name:	
Student ID #:	
Program:	

Tuberculosis Skin Testing Continued

Option	Requirement	Authorization
OPTION #3	**Documentation Required**	
For students who: • Have received a **previous positive** TB skin test result	Provide documentation of previous positive test. No further skin testing is required if a student has had a previous positive TB skin test result. Please refer to TB skin testing guidelines from the **Public Health Agency of Canada**. ***1.*** **Previous positive TB skin test result** TB skin test plant / TB skin test read Dates: Result: ☐ Positive _____ mm induration ***AND*** ***2.*** **Required Documents** • Attach **copy** of the chest x-ray report, completed within the last **12 months** • Attach any subsequent referral/treatment received in relation to the positive TB test result	Signature and designation of attesting MD or RN Date *OFFICE STAMP*

Student Wellness
Campus Health Centre | St. Lawrence College

Name:	
Student ID #:	
Program:	

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

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. 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 1st MMR dose: _____ Date of 2nd MMR dose: _____	_____ Signature and designation of attesting MD or RN _____ Date
OPTION #2	Serology	
	Date of test: _____ Result (**attach report**): Measles: ☐ Negative ☐ Positive Mumps: ☐ Negative ☐ Positive Rubella: ☐ Negative ☐ Positive <u>If serology negative/indeterminate:</u> Date of MMR booster: _____	*OFFICE STAMP*

Student Wellness
Campus Health Centre | St. Lawrence College

Name:	
Student ID #:	
Program:	

Hepatitis B (HB) Vaccine

Complete Immunization and Serology.

Requirement	Authorization
Documented proof of Hepatitis B immunity through immunization records and antibody testing is required. If serology shows insufficient immunity, please repeat series as appropriate then re-titre. 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: _____ Result (**attach report**): ☐ Negative ☐ Positive	Date
If required, repeat **HB vaccine series**: Dates: 1st Dose ____ 2nd Dose ____ 3rd Dose ____	*OFFICE STAMP*
THEN	
3. **Repeat HBsAb** Date of test: _____ Result (**attach report**): ☐ Negative ☐ Positive	

Student Wellness
Campus Health Centre | St. Lawrence College

Name:	
Student ID #:	
Program:	

Tetanus/Diphtheria/Pertussis/Polio (Tdap,IPV) 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. Four doses of IPV completes the primary series. 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 Polio primary series: ☐ Yes ☐ No Recent boosters:	Signature and designation of attesting MD or RN Date *OFFICE STAMP*

	Date	Vaccine Type
IPV		
Tdap		

OPTION #2	**Adult Catch-up Series**		
Dose:	1st (Tdap+IPV)	2nd (Td+IPV)	3rd (Td+IPV)
Dates:			

Student Wellness
Campus Health Centre | St. Lawrence College

Name:	
Student ID #:	
Program:	

Meningococcal Vaccine

Please complete Immunization.

Requirement	Authorization
Documented proof of receiving the Quadrivalent meningococcal vaccine (**MenC-A,C,Y,W-135**) vaccine is required. A booster dose should be administered if primary dose was administered greater than 5 years prior. Meningococcal B vaccine (4CMenB) vaccine is highly recommended. Please refer to the **Canadian Immunization Guidelines** as needed. **MenC-A,C,Y,W-135** Date of primary dose: _____ Date of booster dose (if required): _____ **4CMenB** Date of primary dose: _____	_____ Signature and designation of attesting MD or RN _____ Date *OFFICE STAMP*

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):	