

IMMUNIZATION REQUIREMENTS

Students entering the at St. Lawrence College are required to complete this Immunization – Communicable Disease Form. Failure to complete program immunization requirements 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 medical doctor or Registered Nurse 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.





Name:	
Student ID #:	
Program:	

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

Please complete: Option 1, 2 or 3.

Option		Requiremer	nt	Authorization
OPTION #1	TB Skir	test (2-step)		
For students who:Have never received 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).			
OR		efer to TB skin testing g		
 Are unable to provide documentation 	1st	TB skin test plant	TB skin test read	Since the second
of receiving a 2-	Dates:			Signature and designation of attesting
step TB skin test	Result: Negative Positive mm induration			MD or RN
	THEN			
	2nd	TB skin test plant	TB skin test read	Date
	Dates:			
	Result:	☐ Negative ☐ Positive	e mm induration	
	If TB skin test result is positive: Required documents: • Attach copy of chest x-ray report, completed		OFFICE STAMP	
	within the last 12 months			
	your (n any subsequent refer completed Immunizatio se Form		

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St. Lawrence College maintains compliance with all privacy requirements; including the Freedom of Information and Protection of Privacy Act (FIPPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the Personal Health Information Privacy Act (PHIPA). The Privacy Commissioner of Ontario can be reached at 1-800-387-0037. If needed, this information will be made available in alternative format upon request to accessibility@sl.on.ca.





Name:	
Student ID #:	
Program:	

Tuberculosis Skin Testing Continued

Option		Requiremer	nt	Authorization
OPTION #2	TB Skin	test (1-step)		
 For students who: Have documentation of a previous 2- step TB test with a negative result 	have con Please re Public He	TB skin test is required appleted a prior 2-step fer to TB skin testing gealth Agency of Canadide results of previous	ΓB skin test. ruidelines from the a .	
AND	1st	TB skin test plant	TB skin test read	Signature and
Require an up to	Dates:			designation of attesting MD or RN
date 1-step TB skin test	Result:	□ Negative □ Positive	e mm induration	
	2nd	TB skin test plant	TB skin test read	Date
	Dates:			[]
	Result:	☐ Negative ☐ Positive	e mm induration	
	AND 2. Curre	ent 1-step TB Skin Test TB skin test plant	TB skin test read	OFFICE STAMP
	Dates:			
	Result:	□ Negative □ Positive	emm induration	
		test result is positive :		
	Attach withinAttach your of	n copy of chest x-ray re the last 12 months n any subsequent refer completed Immunizationse Form	ral/treatment with	

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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:	Signature and designation of attesting MD or RN
	Result: Positive mm induration	Date
	 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 	OFFICE STAMP

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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 1 st varicella dose: Date of 2 nd varicella dose:	Signature and designation of attesting MD or RN
OPTION #2	Serology	Date
	Date of test: Result (attach report): □ Negative □ Positive If serology negative/indeterminate: Date of 1 st varicella dose: Date of 2 nd varicella dose (if required):	OFFICE STAMP

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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:	Signature and designation of attesting
	Date of 2 nd MMR dose:	MD or RN
OPTION #2	Serology	Date
	Date of test:	i!
	Result (attach report):	į
	Measles: ☐ Negative ☐ Positive	0.55/05/05/44/40
	Mumps: ☐ Negative ☐ Positive	OFFICE STAMP
	Rubella: ☐ Negative ☐ Positive	! ! !
	If serology negative/indeterminate:	Ŀ
	Date of MMR booster:	

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Name:	
Student ID #:	
Program:	

Hepatitis B (HB) Vaccine

Complete Immunization and Serology.

	Req	uirement		Authorization
	d proof of Hepatitis E antibody testing is re		mmunization	
	hows insufficient imr then re-titre.	munity, please repeat	t series as	
Please refer	to the Canadian Imr	nunization Guideline	es as needed.	
1. <u>Immuni</u>	zation-Hepatitis B (2	or 3 dose series)		
	1 st Dose	2 nd Dose	3 rd Dose	Signature and designation of attesting
Dates:				MD or RN
AND	,	1		
2. Hepatit	s B antibody titre (H	BsAb)		
Date of titre	e: 			Date
Result (atta		ari a 🗖 Baairi a		
(0.000	cn report): Li Neg	ative Positive		
·	repeat HB vaccine se			
·	. ,		3 rd Dose	
·	repeat HB vaccine se	eries:	3 rd Dose	OFFICE STAMP
If required,	repeat HB vaccine se	eries:	3 rd Dose	OFFICE STAMP
If required , Dates:	repeat HB vaccine se 1 st Dose	eries:	3 rd Dose	OFFICE STAMP
If required, Dates:	repeat HB vaccine se 1 st Dose	eries:	3 rd Dose	OFFICE STAMP
If required, Dates: THEN 3. Repeat	repeat HB vaccine se 1 st Dose HBsAb	eries:	3 rd Dose	OFFICE STAMP
Dates: THEN 3. Repeat Date of test	repeat HB vaccine se 1 st Dose HBsAb	2 nd Dose	3 rd Dose	OFFICE STAMP

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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	!	Va	ccine Type		
	IPV						Date
	Tdap						
OPTION #2	Adult	Catch-up Ser	ies				OFFICE STAMP
	Dose:	1 st (Tdap+IPV)		nd HPV)	3 rd (Td+IPV)		
	Dates:						

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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.	Signature and designation of attesting		
MenC-A,C,Y,W-135	MD or RN		
Date of primary dose:			
Date of booster dose (if required):	Date		
4CMenB			
Date of primary dose:	i i		
	OFFICE STAMP		
	<u> </u>		

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):	

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