

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.



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)																			
<p>For students who:</p> <ul style="list-style-type: none"> Have never received a 2-step TB skin test <p>OR</p> <ul style="list-style-type: none"> Are unable to provide documentation of receiving a 2-step TB skin test 	<p>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).</p> <p>Please refer to TB skin testing guidelines from the Public Health Agency of Canada.</p> <table border="1"> <tr> <td>1st</td> <td>TB skin test plant</td> <td>TB skin test read</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration</td> </tr> </table> <p>THEN</p> <table border="1"> <tr> <td>2nd</td> <td>TB skin test plant</td> <td>TB skin test read</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration</td> </tr> </table> <p><u>If TB skin test result is positive:</u></p> <p>Required documents:</p> <ul style="list-style-type: none"> 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 	1st	TB skin test plant	TB skin test read	Dates:			Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration			2nd	TB skin test plant	TB skin test read	Dates:			Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration			<hr/> <p>Signature and designation of attesting MD or RN</p> <hr/> <p>Date</p> <div style="border: 1px dashed black; padding: 20px; text-align: center; margin-top: 20px;"> <p><i>OFFICE STAMP</i></p> </div>
1st	TB skin test plant	TB skin test read																		
Dates:																				
Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration																				
2nd	TB skin test plant	TB skin test read																		
Dates:																				
Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration																				



Name:

Student ID #:

Program:

Tuberculosis Skin Testing Continued

Option	Requirement	Authorization																											
OPTION #2 TB Skin test (1-step)																													
<p>For students who:</p> <ul style="list-style-type: none"> Have documentation of a previous 2-step TB test with a negative result <p>AND</p> <ul style="list-style-type: none"> Require an up to date 1-step TB skin test 	<p>A 1-step TB skin test is required for students who have completed a prior 2-step TB skin test.</p> <p>Please refer to TB skin testing guidelines from the Public Health Agency of Canada.</p> <p>1. <u>Provide results of previous 2-step TB skin test</u></p> <table border="1" data-bbox="386 766 1109 886"> <tr> <td>1st</td> <td>TB skin test plant</td> <td>TB skin test read</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td colspan="2"><input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration</td> </tr> </table> <table border="1" data-bbox="386 993 1109 1182"> <tr> <td>2nd</td> <td>TB skin test plant</td> <td>TB skin test read</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td colspan="2"><input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration</td> </tr> </table> <p>AND</p> <p>2. <u>Current 1-step TB Skin Test</u></p> <table border="1" data-bbox="386 1308 1109 1497"> <tr> <td></td> <td>TB skin test plant</td> <td>TB skin test read</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td colspan="2"><input type="checkbox"/> Negative <input type="checkbox"/> Positive ___mm induration</td> </tr> </table> <p><u>If TB skin test result is positive:</u></p> <p>Required documents:</p> <ul style="list-style-type: none"> 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 	1st	TB skin test plant	TB skin test read	Dates:			Result:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration		2nd	TB skin test plant	TB skin test read	Dates:			Result:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive ___ mm induration			TB skin test plant	TB skin test read	Dates:			Result:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive ___mm induration		<p>_____ Signature and designation of attesting MD or RN</p> <p>_____ Date</p> <div data-bbox="1144 1071 1523 1396" style="border: 1px dashed black; padding: 10px; text-align: center;"> <p>OFFICE STAMP</p> </div>
1st	TB skin test plant	TB skin test read																											
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Name:	
Student ID #:	
Program:	

Tuberculosis Skin Testing Continued

Option	Requirement	Authorization						
OPTION #3								
Documentation Required								
<p>For students who:</p> <ul style="list-style-type: none"> Have received a previous positive TB skin test result 	<p>Provide documentation of previous positive test. No further skin testing is required if a student has had a previous positive TB skin test result.</p> <p>Please refer to TB skin testing guidelines from the Public Health Agency of Canada.</p> <p>1. <u>Previous positive TB skin test result</u></p> <table border="1"> <tr> <td>TB skin test plant</td> <td>TB skin test read</td> </tr> <tr> <td>Dates:</td> <td></td> </tr> <tr> <td colspan="2">Result: <input type="checkbox"/> Positive _____ mm induration</td> </tr> </table> <p>AND</p> <p>2. <u>Required Documents</u></p> <ul style="list-style-type: none"> 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 	TB skin test plant	TB skin test read	Dates:		Result: <input type="checkbox"/> Positive _____ mm induration		<p>_____ Signature and designation of attesting MD or RN</p> <p>_____ Date</p> <p style="text-align: center;">OFFICE STAMP</p>
TB skin test plant	TB skin test read							
Dates:								
Result: <input type="checkbox"/> Positive _____ mm induration								



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 or RN</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>_____ Date</p> <p>_____ Date</p> <p style="text-align: center;">OFFICE STAMP</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" data-bbox="272 816 1068 972"> <tr> <td></td> <td>1st Dose</td> <td>2nd Dose</td> <td>3rd Dose</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> <td></td> </tr> </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" data-bbox="272 1316 1068 1472"> <tr> <td></td> <td>1st Dose</td> <td>2nd Dose</td> <td>3rd Dose</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> <td></td> </tr> </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 or RN</p> <p>_____ Date</p> <div data-bbox="1105 1251 1511 1591" style="border: 1px dashed gray; padding: 20px; text-align: center;"> <p>OFFICE STAMP</p> </div>
	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/Polio (Tdap,IPV) Vaccine

Please complete: Option 1 or 2.

Option	Requirement	Authorization									
	<p>Documented proof of a primary series is required, or an adult catch-up series will be needed.</p> <p>Four doses of IPV completes the primary series. A booster dose of Pertussis is required for all adults.</p> <p>Please refer to the Canadian Immunization Guidelines as needed.</p>										
OPTION #1	Immunization										
	<p>Attach documented proof of a primary series</p> <p>Polio primary series: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Recent boosters:</p> <table border="1"> <thead> <tr> <th></th> <th>Date</th> <th>Vaccine Type</th> </tr> </thead> <tbody> <tr> <td>IPV</td> <td></td> <td></td> </tr> <tr> <td>Tdap</td> <td></td> <td></td> </tr> </tbody> </table>		Date	Vaccine Type	IPV			Tdap			<p>_____ Signature and designation of attesting MD or RN</p> <p>_____ Date</p>
	Date	Vaccine Type									
IPV											
Tdap											
OPTION #2	Adult Catch-up Series										
	<table border="1"> <thead> <tr> <th>Dose:</th> <th>1st (Tdap+IPV)</th> <th>2nd (Td+IPV)</th> <th>3rd (Td+IPV)</th> </tr> </thead> <tbody> <tr> <td>Dates:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Dose:	1 st (Tdap+IPV)	2 nd (Td+IPV)	3 rd (Td+IPV)	Dates:				<p>_____ <i>OFFICE STAMP</i></p>	
Dose:	1 st (Tdap+IPV)	2 nd (Td+IPV)	3 rd (Td+IPV)								
Dates:											

