

# IMMUNIZATION REQUIREMENTS

Students entering the \_\_\_\_\_ 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: to be completed by your health care provider (Physician, Nurse Practitioner).

Steps to follow:

1. Download this immunization form.
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](mailto:immunizations@sl.on.ca).



Name:	
Student ID #:	
Program:	

## Measles Mumps Rubella (MMR) Vaccine

Please complete: Option 1 or 2.

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



Name:	
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## 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 <b>Canadian Immunization Guidelines</b> as needed.</p>	
<b>OPTION #1</b>	<b>Immunization</b>	
	<p>Date of 1<sup>st</sup> varicella dose: _____</p> <p>Date of 2<sup>nd</sup> varicella dose: _____</p>	<p>_____ Signature and designation of attesting MD or RN</p> <p>_____ Date</p>
<b>OPTION #2</b>	<b>Serology</b>	
	<p>Date of test: _____</p> <p>Result (<b>attach report</b>):    <input type="checkbox"/> Negative    <input type="checkbox"/> Positive</p> <p><u>If serology negative/indeterminate:</u></p> <p>Date of 1<sup>st</sup> varicella dose: _____</p> <p>Date of 2<sup>nd</sup> 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 <b>Canadian Immunization Guidelines</b> as needed.</p> <p><b>1. <u>Immunization-Hepatitis B (2 or 3 dose series)</u></b></p> <table border="1" data-bbox="272 814 1068 970"> <tr> <td></td> <td>1<sup>st</sup> Dose</td> <td>2<sup>nd</sup> Dose</td> <td>3<sup>rd</sup> Dose</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> <td></td> </tr> </table> <p><b>AND</b></p> <p><b>2. <u>Hepatitis B antibody titre (HBsAb)</u></b></p> <p>Date of titre: _____</p> <p>Result (<b>attach report</b>):    <input type="checkbox"/> Negative    <input type="checkbox"/> Positive</p> <p><b>If required, repeat HB vaccine series:</b></p> <table border="1" data-bbox="272 1318 1068 1474"> <tr> <td></td> <td>1<sup>st</sup> Dose</td> <td>2<sup>nd</sup> Dose</td> <td>3<sup>rd</sup> Dose</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> <td></td> </tr> </table> <p><b>THEN</b></p> <p><b>3. <u>Repeat HBsAb</u></b></p> <p>Date of test: _____</p> <p>Result (<b>attach report</b>):    <input type="checkbox"/> Negative    <input type="checkbox"/> Positive</p>		1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	Dates:					1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	Dates:				<p>_____</p> <p>Signature and designation of attesting MD or RN</p> <p>_____</p> <p>Date</p> <p>_____</p> <p style="text-align: center;">OFFICE STAMP</p>
	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose														
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Dates:																	



Name:	
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## Tetanus/Diphtheria/Pertussis 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. A booster dose of Pertussis is required for all adults.</p> <p>Please refer to the <b>Canadian Immunization Guidelines</b> as needed.</p>									
<b>OPTION #1</b>	<b>Immunization</b>									
	<p><b>Attach documented proof</b> of a primary series</p> <p>Date of recent booster: _____</p> <p>Vaccine type: _____</p>	<p>_____ Signature and designation of attesting MD or RN</p> <p>_____ Date</p>								
<b>OPTION #2</b>	<b>Adult Catch-up Series</b>									
	<table border="1"> <tr> <td>Dose:</td> <td>1<sup>st</sup> (Tdap)</td> <td>2<sup>nd</sup> (TD)</td> <td>3<sup>rd</sup> (TD)</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> <td></td> </tr> </table>	Dose:	1 <sup>st</sup> (Tdap)	2 <sup>nd</sup> (TD)	3 <sup>rd</sup> (TD)	Dates:				<p>_____ <i>OFFICE STAMP</i></p>
Dose:	1 <sup>st</sup> (Tdap)	2 <sup>nd</sup> (TD)	3 <sup>rd</sup> (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):	
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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](mailto:accessibility@sl.on.ca).