Pre-Placement Health Form

Student Instructions

Program and Student Details

Student Name: _____ **Student ID:** _____

Program Name: Veterinary Technology **Code (#):** K0722 **Year:** _____

Requirements Due: _____

Student Instructions for Mandatory Requirements

1. Review the requirements checklist below:

SECTION	REQUIREMENT	Ensure all requirements are complete with records and certificates included
Section A – Medical Requirements *(Completed and signed by Health Care Provider)*	Tetanus/Diphtheria (Td)	☐
	Pertussis	☐
	Rabies Vaccine	☐

2. Access the **St. Lawrence College Placement Pass** website for the most current Pre-Placement Health Form Package: https://slc.placementpass.ca/
3. Book an appointment with a Physician or Nurse Practitioner.
4. Bring vaccine records, public health forms or documents (including childhood records) that show your immunization history to your appointment.
5. Provide **Section A** (instructions and forms) to your health care provider to complete and sign/stamp.
   ***Note**: RNs/RPNs may also co-sign portions of the form.*
6. Ensure your Health Care Provider (HCP) provides you with the following documents so you can submit these to Placement Pass with the health forms:
   a. Vaccine records (for proof of immunization).
   b. Lab blood test results.
7. Complete checklist (above) to ensure all requirements are met for Section A:
   a. Section A (all pages) completed, initialed, and signed by your Health Care Provider.
   b. Your blood lab reports.
   c. Your immunization vaccine records including childhood records, if available. Ensure your **NAME** is on each record.
   d. Proof of completion of any non-medical requirements, if required.
8. Scan, label, and submit all documents to the website located at https://slc.placementpass.ca/

- Students who started a vaccine series will receive a temporary exception after two doses.
- Verify that documents are clear and legible before submitting them to the Placement Pass.
- Ensure vaccine records that are not in English include the original document and an officially translated English copy.

Pre-Placement Health Form

Health Care Provider Instructions

Health Care Provider Instructions for Mandatory Medical Requirements

1. Complete Section A in its entirety and provide an attesting signature/initial where indicated.
2. Provide the student a copy of vaccine records for vaccines administered and lab results for lab tests completed.
   ***Note**: Immunization requirements listed follow the standards outlined in: The Canadian Immunization Guide (Part 3) **Vaccination of Specific Populations** - Workers and Student Placements, The Canadian Tuberculosis Standards (2007), and the OHA/OMA Ontario Hospitals Communicable Disease Surveillance Protocols.*
3. Use the following instructions when completing the following subsections:
   a. **Tetanus/Diphtheria (Td) and Pertussis:**
      i. Vaccine records showing an initial primary series are required.
      ii. If there are no records available, give adult primary series of 3 doses. Dose #1 should be Tdap.
      Note:** National Advisory Commission on Immunization (NACI) as well as the OHA Surveillance Protocols recommends that all adults regardless of age should receive a single dose of tetanus diphtheria acellular pertussis (Tdap) for pertussis protection if not previously received in adulthood. The adult dose is in addition to the routine adolescent booster dose. The interval between the last tetanus diphtheria booster and the Tdap vaccine does not matter. **All students are required to provide proof of an adult dose of Tdap received on or after their 18th birthday.
   b. **Rabies Vaccine:**
      i. Option 1 – If the student has no prior pre-exposure immunization against rabies virus, a primary vaccine series is required.
      ii. Option 2 – If the student has previous pre-exposure to the rabies vaccine, proof of previously completed pre-exposure vaccination is required **AND** a serology test to determine immunity level. If the student is not immune, a booster dose is needed.
      Note: Serology testing is not required if the vaccine series was completed within the last 2 years.
4. Complete Health Care Provider Signature and Identification subsection.
   i. To be completed by each health care provider who has provided information in Section A (to match initials on the form to signature)

Pre-Placement Health Form

SECTION A: Health Care Provider Form

!	► Do not leave any sections blank – If not applicable, please complete with "N/A". If drawn, provide the student with a copy of the lab report/results (attach laboratory blood report) for each of the following:

Student Name: _____ **Student ID:** _____

TETANUS/DIPHTHERIA (TD) AND PERTUSSIS	Tdap Booster	Dose 2	Dose 3
Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD

Initial primary series completed? Attach vaccination records. ☐ Yes ☐ No (If no, provide primary series of 3 doses)

Received one dose of **Tdap** after 18th birthday? ☐ Yes ☐ No Health Care Provider Initials: ( )

RABIES VACCINE	Dose 1	Dose 2	Dose 3
OPTION #1 – Primary Series	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
OPTION #2 – Proof of Vaccination & Serology	Attach vaccination records and lab report. Immune to Rabies: ☐ Yes ☐ No		
	If serology not immune: Date of booster dose: _____		

Health Care Provider Initials: ( )

Pre-Placement Health Form

SECTION A: Health Care Provider Form

Student Name: ______________________________ **Student ID:** ______________

Health Care Provider Signature & Identification		
		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	☐ MD ☐ RN (EC) ☐ RN/RPN ☐PA	
Phone Number:	( ) -	

Health Care Provider Signature & Identification		
		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	☐ MD ☐ RN (EC) ☐ RN/RPN ☐PA	
Phone Number:	( ) -	

Health Care Provider Signature & Identification		
		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	☐ MD ☐ RN (EC) ☐ RN/RPN ☐PA	
Phone Number:	( ) -	