

St. Lawrence College Immunization - Communicable Disease Form

Students entering any of the following programs at St. Lawrence College are required to provide proof of immunization. For all students the absence of documentation may result in the student being ineligible for clinical/practical/laboratory participation.

<ul style="list-style-type: none">• Practical Nursing• Personal Support Worker• Pre-Service Firefighter• Paramedic	<ul style="list-style-type: none">• Health Information Management• Office Administration – General• Office Administration – Health Services• Office Administration – Legal/Health Services
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Steps to follow – Please read carefully

1. Read thoroughly the entire form so **you** understand what is required to complete this form.
2. Do not wait to start this process. Bloodwork and immunizations can take a number of appointments.
3. Obtain **immunization records** from one of these sources:
 - a. Local Public Health Unit – this is the easiest and most reliable form
 - b. Yellow Immunization card
 - c. Contact your family doctorIf you are unable to obtain records, contact your campus designee as noted below
4. Book an appointment with your health care provider for **bloodwork** and any missing immunizations. Most students will also require TB skin testing.
5. Follow-up with your health care provider regarding bloodwork results to check if you need boosters.
6. Attach copies of immunization records and bloodwork results.
7. Submit completed Immunization-Communicable Disease Form as soon as possible.

It is important to fill this form out correctly and completely, please email us with any questions at PSWimmunizations@sl.on.ca

Where the following records do not exist, are incomplete, or are not comparable to Canadian immunization standards the student will be required to complete an adult catch-up vaccine series as defined by the Public Health Agency of Canada. Any costs associated with the completion of these forms are the responsibility of the student.

St. Lawrence College Immunization - Communicable Disease Form

Last Name:		First Name:	
Date of Birth (m/d/y):		Health Card Number:	
Local Address: Apt and Street		City:	Province:
Postal Code:		Cell Phone #:	
Program:		Student Number:	

Student Consent for Release of Information

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.

Signature: _____ Date (m/d/y): _____

Tuberculosis – Tuberculin Skin Test (TST)

TB test	Date given m / d / y	Date read m / d / y 48-72hrs later	Result: mm Induration	HCP initials
Step 1				
Step 2 (1-3 wks later)				
Annual 1-step (if required)				

A 2-step TST is required regardless of BCG vaccination.

A 2-step TST is required once in a lifetime.

If a 2-step TST was completed previously and documentation can be provided, a 1-step TST can be completed annually. The 2-step TST should be 1-3 weeks apart with each test read within 48-72 hours. A 1-step TST is required if it has been more than 12 months since the 2-step TST.

A 10 mm or more induration is positive. If either TST is positive, a copy of completed chest x-ray report (within the last 12 months) must be attached to this form.

If you have **documented** history of a previous **positive** TST, a TST is **not required**. Instead, a chest x-ray is required within the last 12 months and must be attached to this form.

Chest x-ray: Required only if TST is equal or > 10mm

Copy of positive TST Document attached (**Mandatory**)

Copy of chest x-ray Report attached (**Mandatory**)

Varicella Vaccine

Documentation of 2 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.

1. Copy of records attached (**Mandatory**) Dose #1 Date (m/d/y): _____ Dose #2 Date (m/d/y): _____

OR

2. Copy of lab results attached (**Mandatory**) Date drawn: _____

Results: Reactive Non-Reactive or Indeterminate

If you are not immune, 2 doses are required: Dose #1 Date (m/d/y): _____ Dose #2 Date (m/d/y): _____

Measles, Mumps, Rubella Vaccine (MMR)

Documentation of 2 MMR is required. If one vaccine was **measles only**, an MMR booster is required.

If no records available, blood work to determine immunity to measles, mumps, and rubella is required.

1. Copy of records attached (**Mandatory**) Dose #1 Date (m/d/y): _____ Dose #2 Date (m/d/y): _____

OR

2. Copy of lab results attached (**Mandatory**) Date drawn: _____

Results: Measles: Reactive Non-Reactive or Indeterminate

Mumps: Reactive Non-Reactive or Indeterminate

Rubella: Reactive Non-Reactive or Indeterminate

If you are not immune, a booster is required: MMR Booster: Date (m/d/y): _____

Tetanus/Diphtheria/Pertussis Vaccine

Documented proof of a primary series is required **OR** an adult catch-up series is required.

A single dose of Pertussis is required for all adults.

1. Do you have documented proof of completed primary series?

YES COPY OF RECORD ATTACHED (**MANDATORY**)

or NO If no records of any vaccines, an adult primary series is required (see below)

2. Last tetanus diphtheria vaccine must be within **10 years**

Date (m/d/y): _____ Type of vaccine given _____ COPY OF RECORD ATTACHED (**MANDATORY**)

Adult catch-up series 1st dose (Adacel or Boostrix) Date (m/d/y): _____

2nd dose (Td – 2 months after 1st visit) Date (m/d/y): _____

3rd dose (Td – 6-12 months after 2nd visit) Date (m/d/y): _____

Hepatitis B Vaccine

Students who are non-reactive to hepatitis B despite completing the initial vaccine series are required to have a booster dose and repeat bloodwork to confirm immunity.

If a student continues to be non-reactive, the student will need to complete a second hepatitis B vaccine series.

Unimmunized adults require a 3 dose series. Schedule: 0 month, 1 month, and 6 months

Initial Vaccination series (2 or 3 dose series)

If required: Repeat Hepatitis B vaccination series

Dose #1: Date (m/d/y): _____

Dose #1: Date (m/d/y): _____

Dose #2: Date (m/d/y): _____

Dose #2: Date (m/d/y): _____

Dose #3: Date (m/d/y): _____

Dose #3: Date (m/d/y): _____

Hepatitis B immunity (at least 30 days after last dose)

Repeat Hepatitis B immunity (at least 30 days after last dose)

Copy of lab results attached (**Mandatory**)

Copy of lab results attached (**Mandatory**)

Date drawn: _____

Date drawn: _____

Results: Reactive Non-Reactive

Results: Reactive Non-Reactive

Attesting Signature of Health Care Professional (HCP)

Name: _____

Stamp:

Signature: _____