

Program Immunization- Communicable Disease Form

Students entering the at St. Lawrence College are required to complete the following Immunization - Communicable Disease Form. Incomplete requirements may impact eligibility for clinical/practical/laboratory participation.

Steps to follow:

1. Download this Immunization-Communicable Disease Form.
2. Collect copies of available immunization records.
 - Immunization records may be located from the Ontario Public Health Unit responsible for maintaining your immunization records.
 - Eastern Ontario Health Unit: <https://eohu.icon.ehealthontario.ca/#!/welcome>
 - Kingston, Frontenac, Lennox & Addington Public Health: <https://kfla.icon.ehealthontario.ca/#!/welcome>
 - Leeds, Grenville and Lanark District Health Unit: <https://lgl.icon.ehealthontario.ca/#!/welcome>
 - Contact information for all Ontario Public Health Departments can be found here: <https://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>
 - Additionally, you may be able to locate immunization records from your primary care provider or personal records (e.g., immunization cards/booklets).
3. Schedule an appointment with an SLC Campus Health Centre nurse or your primary care provider to review your immunization records and complete your form.

Campus Health Centre appointment link: <https://bit.ly/Book-an-appointment-at-CampusHealthCentre>

Brockville

Phone: 613-345-0660 ext. 5524

Email: HealthCentreB@sl.on.ca

Room 250B

Cornwall

Phone: 613-933-6080 ext. 5525

Email: HealthCentreC@sl.on.ca

Room A111

Kingston

Phone: 613-544-5400 ext. 5521

Email: HealthCentreK@sl.on.ca

Room 01220

4. Submit your Immunization-Communicable Disease Form and accompanying documentation to immunizations@sl.on.ca. An SLC Campus Health Centre nurse will review your submission and contact you to confirm immunization completion or arrange an appointment to ensure timely completion and next steps.

Please note:

- It is important to complete your Immunization-Communicable Disease Form as soon as possible to avoid delays. The immunization process can be lengthy.
- Depending on your program, there may a deadline to complete your Immunization-Communicable Disease Form. Please contact your program to confirm.

Questions?

For questions regarding the Immunization - Communicable Disease Form, please contact immunizations@sl.on.ca or an SLC Campus Health Centre location (see contacts above).



Name:

Student ID #:

Program:

Rabies Vaccine

Please complete: Option 1 or 2.

Option	Requirement	Authorization
	<p>If the student has no prior pre-exposure immunization against rabies virus, a primary vaccine series is required.</p> <p>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.</p> <p>Please refer to the Canadian Immunization Guidelines as needed.</p>	
OPTION #1	Primary Series	
	<p>Date of 1st Rabies dose: _____</p> <p>Date of 2nd Rabies dose: _____</p> <p>Date of 3rd Rabies dose: _____</p>	<p>_____ Signature and designation of attesting MD, RN or RPN</p> <p>_____ Date</p>
OPTION #2	Proof of Vaccination & 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 booster dose: _____</p>	<p>_____ <i>OFFICE STAMP</i></p>



Name:

Student ID #:

Program:

Tetanus/Diphtheria/Pertussis 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. 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 Date of recent booster: _____ Vaccine type: _____	_____ Signature and designation of attesting MD, RN or RPN _____ Date								
OPTION #2	Adult Catch-up Series									
	<table><tbody><tr><td>Dose:</td><td>1st (Tdap)</td><td>2nd (TD)</td><td>3rd (TD)</td></tr><tr><td>Dates:</td><td></td><td></td><td></td></tr></tbody></table>	Dose:	1 st (Tdap)	2 nd (TD)	3 rd (TD)	Dates:				<div>OFFICE STAMP</div>
Dose:	1 st (Tdap)	2 nd (TD)	3 rd (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):