

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.

Steps to follow:

1. Download this immunization form to have it completed by your healthcare professional.
2. Obtain a copy of your immunization record from the Public Health Unit responsible for maintaining immunization records for your high school.
 - To locate a regional Public Health Unit, visit the Ontario Public Health Department at: <https://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>
 - Pre-exposure rabies immunization is highly recommended for those working in the veterinary field. This vaccine is **mandatory** for Veterinary Assistant and Veterinary Technology students.
Rabies immunization consists of 3 doses given individually over 28 days. While these vaccines are costly, all full-time registered St. Lawrence College students are automatically covered by Claim Secure Student Benefits medical insurance plan. Claim Secure Student Benefits offers 60% coverage for each vaccine dose, effective once the semester begins. Please check with your current insurance provider and/or that of your parents to ensure coverage if you plan to complete the rabies vaccine series prior to the start of the semester.
Alternatively, St. Lawrence College Campus Health Centre can administer the rabies vaccine to you at the beginning of the semester. Please make these arrangements in the first week of the semester or during the orientation week.
Proof of completed immunizations will be required prior to the start of field placement. More information about Student Benefits can be found by visiting www.wespeakstudent.com.
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.



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 or RN</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 or RN _____ Date								
OPTION #2	Adult Catch-up Series									
	<table><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></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):	
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