

# 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](mailto:HealthCentreB@sl.on.ca)

Room 250B

### Cornwall

Phone: 613-933-6080 ext. 5525

Email: [HealthCentreC@sl.on.ca](mailto:HealthCentreC@sl.on.ca)

Room A111

### Kingston

Phone: 613-544-5400 ext. 5521

Email: [HealthCentreK@sl.on.ca](mailto:HealthCentreK@sl.on.ca)

Room 01220

4. **Submit your Immunization-Communicable Disease Form and accompanying documentation to [immunizations@sl.on.ca](mailto:immunizations@sl.on.ca).** An SLC Campus Health Centre nurse will review your submission and contact you to confirm immunization completion or to offer an appointment to ensure timely completion.

## 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](mailto:immunizations@sl.on.ca) or an SLC Campus Health Centre location (see contacts above).



Name:	
Student ID #:	
Program:	

## Varicella (Chicken Pox) Vaccine

Please complete: Option 1 or 2

Option	Requirement	Authorization
	<p>Documentation of two varicella vaccines is required.</p> <p>If no records are available, bloodwork to determine immunity to varicella can be completed.</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, NP, RN or RPN</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"/> Not immune <input type="checkbox"/> Immune</p> <p><u>If serology not immune:</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:	

## Measles Mumps Rubella (MMR) Vaccine

Please complete: Option 1 or 2

Option	Requirement	Authorization
	<p>Documentation of two MMR vaccines is required.</p> <p>If no records are available, bloodwork to determine immunity to MMR can be completed.</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, NP, RN or RPN</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"/> Not immune   <input type="checkbox"/> Immune</p> <p>Mumps:     <input type="checkbox"/> Not immune   <input type="checkbox"/> Immune</p> <p>Rubella:    <input type="checkbox"/> Not immune   <input type="checkbox"/> Immune</p> <p><u>If serology not immune:</u></p> <p>Date of MMR booster: _____</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="272 816 1068 972"> <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"/> Not immune    <input type="checkbox"/> Immune</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"/> Not immune    <input type="checkbox"/> Immune</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, NP, RN or RPN</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/Polio (Tdap,IPV) Vaccine

Please complete: Option 1 or 2

Option	Requirement	Authorization								
	<p><b>Documented proof of a primary series</b> is required, or an <b>adult catch-up series</b> will be needed.</p> <p>Four doses of IPV complete the primary series. A booster dose of Pertussis is required for all adults.</p> <p>Please refer to the <b>Canadian Immunization Guidelines</b> as needed.</p>	<p>_____ Signature and designation of attesting MD, NP, RN or RPN</p> <p>_____ Date</p>								
<b>OPTION #1</b>	<b>Immunization</b>									
	<p><b>Attach documented proof</b> of tetanus, diphtheria, pertussis, and polio <b>primary series</b>.</p> <p>Date of booster (if required): _____</p> <p>Vaccine type: _____</p>									
<b>OPTION #2</b>										
	<table border="1"> <tr> <td>Dose:</td> <td>1<sup>st</sup> (Tdap+IPV)</td> <td>2<sup>nd</sup> (Td+IPV)</td> <td>3<sup>rd</sup> (Td+IPV)</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> <td></td> </tr> </table>	Dose:	1 <sup>st</sup> (Tdap+IPV)	2 <sup>nd</sup> (Td+IPV)	3 <sup>rd</sup> (Td+IPV)	Dates:				<p>_____ <i>OFFICE STAMP</i></p>
Dose:	1 <sup>st</sup> (Tdap+IPV)	2 <sup>nd</sup> (Td+IPV)	3 <sup>rd</sup> (Td+IPV)							
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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