

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 supporting documentation to 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 or an SLC Campus Health Centre location (see contacts above).



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 Canadian Immunization Guidelines as needed.</p>	
OPTION #1 Immunization		
	<p>Date of 1st MMR dose: _____</p> <p>Date of 2nd MMR dose: _____</p>	<p>_____ Signature and designation of attesting MD, NP, RN or RPN</p> <p>_____ Date</p>
OPTION #2 Serology		
	<p>Date of test: _____</p> <p>Result (attach report):</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:	

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 Canadian Immunization Guidelines as needed.</p>	
OPTION #1	Immunization	
	<p>Date of 1st varicella dose: _____</p> <p>Date of 2nd varicella dose: _____</p>	<p>_____ Signature and designation of attesting MD, NP, RN or RPN</p> <p>_____ Date</p>
OPTION #2	Serology	
	<p>Date of test: _____</p> <p>Result (attach report): <input type="checkbox"/> Not immune <input type="checkbox"/> Immune</p> <p><u>If serology not immune:</u></p> <p>Date of 1st varicella dose: _____</p> <p>Date of 2nd varicella dose (if required): _____</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 Canadian Immunization Guidelines as needed.</p> <p>1. <u>Immunization-Hepatitis B (2 or 3 dose series)</u></p> <table border="1" data-bbox="272 814 1068 970"> <tr> <td></td> <td>1st Dose</td> <td>2nd Dose</td> <td>3rd Dose</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> <td></td> </tr> </table> <p>AND</p> <p>2. <u>Hepatitis B antibody titre (HBsAb)</u></p> <p>Date of titre: _____</p> <p>Result (attach report): <input type="checkbox"/> Not immune <input type="checkbox"/> Immune</p> <p>If required, repeat HB vaccine series:</p> <table border="1" data-bbox="272 1318 1068 1474"> <tr> <td></td> <td>1st Dose</td> <td>2nd Dose</td> <td>3rd Dose</td> </tr> <tr> <td>Dates:</td> <td></td> <td></td> <td></td> </tr> </table> <p>THEN</p> <p>3. <u>Repeat HBsAb</u></p> <p>Date of test: _____</p> <p>Result (attach report): <input type="checkbox"/> Not immune <input type="checkbox"/> Immune</p>		1 st Dose	2 nd Dose	3 rd Dose	Dates:					1 st Dose	2 nd Dose	3 rd Dose	Dates:				<p>_____</p> <p>Signature and designation of attesting MD, NP, RN or RPN</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>OFFICE STAMP</p>
	1 st Dose	2 nd Dose	3 rd Dose														
Dates:																	
	1 st Dose	2 nd Dose	3 rd Dose														
Dates:																	



Name:

Student ID #:

Program:

Tetanus/Diphtheria/Pertussis/Polio (Tdap,IPV) Vaccine

Please complete: Option 1 or 2

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



Name:	
Student ID #:	
Program:	

Meningococcal Vaccine

Please complete Immunization.

Requirement	Authorization
<p>Documented proof of receiving the meningococcal vaccine is required.</p> <p>Meningococcal immunization schedules may vary depending on age. Please indicate meningococcal dose(s) received.</p> <p>Please refer to the Canadian Immunization Guidelines as needed.</p> <p><u>Meningococcal Conjugate C (Men-C-C)</u></p> <p>Date of dose: _____</p> <p><u>Meningococcal Conjugate ACYW-135 (Men-C-ACYW-135)</u></p> <p>Date of dose: _____</p>	<p>_____</p> <p>Signature and designation of attesting MD, RN or RPN</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>OFFICE STAMP</p>

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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St. Lawrence College maintains compliance with all privacy requirements; including the Freedom of Information and Protection of Privacy Act (FIPPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the Personal Health Information Privacy Act (PHIPA). The Privacy Commissioner of Ontario can be reached at 1-800-387-0037. If needed, this information will be made available in alternative format upon request to accessibility@sl.on.ca.