

ENTRY IMMUNIZATION RECORD

Faculty of Medicine / Faculty of Health Sciences

Student's Personal Information

Last name:		Given names:			
Address:					
Date of birth (yy/mm/dd):			Student #:		Admission year 20____
Health Card no.		Province:	Expiry date:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Tel #:	1-Home in Ottawa:	2- At work:		3- Permanent Home:	
E-mail:				International student <input type="checkbox"/> yes <input type="checkbox"/> no	
Check the appropriate box.	Rehabilitation:	Nursing:	Human Kinetics:		Medicine:
	<input type="checkbox"/> Audiology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech language pathology	<input type="checkbox"/> Generic 4 years <input type="checkbox"/> Masters program <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Post-RN	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Other: _____					

Authorization for Disclosure of Information: I understand that it is my responsibility to inform the appropriate personnel of any communicable disease, special need or medical condition which may place me at risk or pose a risk to others during clinical placements. The information on the Immunization form will be kept confidential within my Faculty. However, under the following circumstances and for the duration of the program, I authorize the release of this immunization record to: 1. The clinical site where occupational exposure occurred; 2. The treating medical site/institution (if required); 3. The clinical placement site (if requested).

Signature of Student

Date

Policy for Student Placements and Internships

Health Care Providers have an obligation to protect patients and themselves from infections that can be transmitted within health care practice settings. Immunization is an important tool in preventing the transmission of infections and assists in safeguarding the health of the student during their education and beyond:

1. The University of Ottawa has mandated immunization/testing requirements for all students doing clinical practice in the city of Ottawa agencies and in designated agencies of other regions.
2. These agencies have reserved the right to refuse access to students who do not meet their immunization/testing requirements.
3. Failure to submit a signed and correctly completed immunization form to the Faculty of Health Sciences by **August 1st** will result in \$100.00 late fees and may lead to the de-registration from clinical courses, as per admission documentation.
4. Deadline for submission to the Faculty of Medicine is: Undergraduate: July 15th; Post Graduate: Prior to any clinical activity.

It is the student's responsibility to ensure the following:

1. The form is complete, legible and signed by the student and authorized Health Care Providers. Copy made for personal records.
2. Copies of ORIGINAL immunization records are attached along with all required serology reports/results and chest x-ray report (if needed due to positive Mantoux results). These documents can take several weeks to obtain.
3. Medical exemption is attached if necessary (no personal exemptions will be accepted).

Designated Offices (to return completed forms)

Faculty of Medicine: Alumni and Student Affairs, University of Ottawa, 451 Smyth Road, room 2024, Ottawa, Ontario, Canada
K1H 8M5; Ph. (613) 562-5800 ext. 8136; Fax. (613) 562-5638

Faculty of Health Sciences:

- School of Human Kinetics: Clinical Experience Coordinator, University of Ottawa, 125 University St., room 346, Ottawa, ON, K1N 6N5,
Ph. (613) 562-5800 ext. 4249; Fax. (613) 562-5149
- School of Rehabilitation Sciences: Academic Fieldwork Coordinator, University of Ottawa, 451 Smyth Road, room 3071, Ottawa, ON, K1H 8M5,
Ph. (613) 562-5430; Fax. (613) 562-5428
- School of Nursing:
 1. University of Ottawa Campus: Clinical Practice Coordinator, University of Ottawa, 451 Smyth Road, room 3038, Ottawa, ON, K1H 8M5,
Ph. (613) 562-5800 ext. 8413; Fax. (613) 562-5621
 2. Algonquin College Woodroffe Campus: Algonquin College, Health Services Office, 1385 Woodroffe Ave., room C141, Ottawa, ON, K2G 1V8,
Ph. (613) 727-4723 ext 7222; Fax. (613) 727-7793
 3. Algonquin College Pembroke Campus: Algonquin College, Health and Community Studies Office, 315 Pembroke St., room 303, Pembroke, ON,
K8A 3K2; Ph. (613) 735-4700 ext. 2748; Fax. (613) 735-4739

Students may call their designated office for assistance in completing the form.

ENTRY IMMUNIZATION RECORD

NAME: _____ DATE OF BIRTH (y/m/d) _____ STUDENT NUMBER _____

ATTACH COPIES OF YOUR VACCINATION RECORDS

Computerized records of childhood vaccines can be obtained by calling your Public Health Department. For students who attended the Ottawa-Carleton High Schools, call 724-4108. Contact information for all Ontario Public Health Departments can be found on the following web site: www.health.gov.on.ca/english/public/contact/phu/phu_mn.html.

TETANUS / DIPHTHERIA

Primary series is complete: Record attached **OR** Serology results -> attached to follow

Last booster dose: Vaccine: _____ Date: _____ Signature of HCP _____

Adult primary series of 3 doses is required if there is inadequate immunity:

	Date	Vaccine	HCP Signature
Dose #1			
Dose #2 1-2 mos. after 1 st dose			
Dose #3 6-12 mos. after 2nd dose			

POLIO

Primary series is complete: Record attached **OR** Consult with the Designated Office of the Faculty/Program

Last booster dose: Vaccine: _____ Date: _____ Signature of HCP _____

Adult primary series of 3 doses is required if there are no records:

	Date	Vaccine	HCP Signature
Dose #1			
Dose #2 1-2 mos. after 1 st dose			
Dose #3 6-12 mos. after 2nd dose			

VARICELLA (CHICKEN POX)

Varicella antibodies serology is required: Serology results -> attached to follow

Adult primary series of 2 doses is required if there is inadequate immunity:

	Date	Vaccine	HCP Signature
Dose #1			
Dose #2 1 month after 1 st dose			

MEASLES, MUMPS AND RUBELLA

MMR antibodies serology is required if there is no documented proof of two MMR vaccines:

Record attached **OR** Serology results -> attached to follow

If according to the serology results you are not immune to any of these 3 communicable diseases, a **trivalent** booster dose is required:

	Date	Vaccine	HCP Signature
Booster dose			

ENTRY IMMUNIZATION RECORD

NAME: _____ DATE OF BIRTH (y/m/d) _____ STUDENT NUMBER _____

HEPATITIS B

Primary series **is complete**: Records attached **AND** Serology for Surface Antibody results -> attached to follow

- > If serology results show less than 10iu/ml, refer to **Section A** and indicate "Booster Dose".
- > If serology results show greater than 10iu/ml, no further action required due to adequate immunity.

Primary series **is not complete** or records are **unavailable**:

-> Serology for Surface Antibody **AND** Surface Antigen -> attached to follow

Proceed with the following directions according to the serology results:

HBsAb < 10iu/ml AND HBsAg Undetected	-> Vaccinate with series of Hepatitis B or Hepatitis AB combined, record in Section A .
HBsAb < 10iu/ml AND HBsAg Detected	-> Consult Health Services.
HBsAb > 10iu/ml AND HBsAg Detected	-> Consult Health Services.
HBsAb > 10iu/ml AND HBsAg Undetected	-> Immune. No further action is required.

Section A:

1.	Booster Dose?	Date	Vaccine	HCP Signature
Dose #1	Yes / No			
Dose #2	Yes / No			
Dose #3				
Dose #4 Accelerated sched.				

2. Serology for Surface Antibody 1 month post series -> attached to follow

TWO STEP TUBERCULIN SKIN TEST (Mandatory on year of admission)

Previous positive Mantoux test: If you have a documented history of a previous positive TB test (induration measuring equal to or greater than 10 mm), a TB skin test is NOT REQUIRED. Proceed instead to Chest X-ray.

STEP ONE: 5 TU given on (date): _____ at (time): _____ L / R Forearm. Lot# _____

Result ____ mm of induration. Read within 48-72 hours of testing by: _____ RN / MD

STEP TWO: (done 1-4 weeks after Step One injection)

5 TU given on (date): _____ at (time): _____ L / R Forearm. Lot# _____

Result ____ mm of induration. Read within 48-72 hours of testing by: _____ RN / MD

CHEST X-RAY: Required ONLY if Tuberculin skin test reaction is equal to or greater than 10 mm of induration. Chest X-ray must be within the past 6 months. Report attached Report to follow

-> INH treatment prescribed? YES or NO. If INH was not prescribed, please state reason: _____

INFLUENZA

Vaccine will be available free of charge from Health Services in October or November. Students beginning their program in the fall must submit proof of vaccination to the Designated Office of the Faculty/Program by Dec.1st. Late fees apply at the Faculty of Health Sciences.

Attesting Signatures of Health Care Providers (HCP) (Please include: HCP Name, Clinic Contact information and signature)

Stamp:	Stamp:
Signature:	Signature:

REQUIREMENTS ENTRY IMMUNIZATION RECORD

To: Health Care Provider (HCP)

From: Dr. Donald Kilby, Director Health Services, University of Ottawa (613-564-3950)

Thank you for your cooperation with the immunization process for candidates admitted to the Faculties of Medicine and Health Sciences. For the protection of patients and students, students are expected to provide documentation of immunization or immunity. Immunization requirements, listed below for each section for each section of the form, follow the standards outlined in the Canadian Immunization Guide, 6th Edition, the Canadian Tuberculosis Standards and the OHA/OMA Ontario Hospitals surveillance protocols.

General instructions:

1. Copies of available OFFICIAL vaccination records and required serology results must be attached to the immunization form.
2. The completion of the immunization form must be by a Health Care Provider (HCP) who is under the authority of a Physician or Medical Officer of Health.
3. Initials and a signature are required in the event that there are several HCP completing sections of the form. There are spaces to sign and an attesting signature and address is required at the end of the form.
4. Health Care agencies have reserved the right to refuse access to students who do not meet their immunization testing requirements and the University has therefore established the requirements based on a wide range of expectations.
5. The University's immunization requirements are not subject to accommodations for philosophical reasons and only a medical exemption can be accepted.
6. Any decision by the HCP that impedes the student in fulfilling the requirements will only delay and complicate the process for the student. Failure to submit a signed and correctly completed immunization form to the Designated Office of the Faculty/Program will result in late fees and/or eventually to the de-registration from clinical courses/internships for the Faculty of Health Sciences.

Specific requirements:

Tetanus and Diphtheria

1. Proof of primary series is mandatory. Serology is required and must be attached if records are unavailable.
2. If serology results are negative, vaccination with a 3 dose series is required and must be recorded.
3. Date of last booster is required and must have been received within 10 years from anticipated year of graduation.

Pertussis

1. This is not currently a mandatory requirement.
2. In 2004, a new booster vaccine is available for previously immunized persons 11-54 years of age (dTAp-Adacel) and consists of Diphtheria, Tetanus and Acellular Pertussis. It is the booster of choice for adolescents 15-19 yrs. and is only publicly funded for this age group.

Polio

1. Proof of primary series is mandatory. If official records are unavailable and student refuses (re)vaccination, the student must consult with the Designated Office of the Faculty/Program.

Varicella (Chicken Pox)

1. Proof of immunity (passive or acquired) is mandatory. Serology is required and must be attached regardless of previous vaccination or history of illness.
2. If immune titre is non-reactive, vaccination with 2 doses is required and must be recorded.

Measles, Mumps, Rubella (MMR)

1. Proof of immunity (passive or acquired) is mandatory: Proof of either two documented doses of MMR or a serology must be attached. Proof is required to confirm student's immunity which has often waned overtime with only one dose.
2. If serology results are negative to one or more of any of these three (3) infections, boost with Trivalent vaccine (MMR) is required and must be recorded.

Requirements cont'd...

Hepatitis B

1. Proof of vaccination must be attached or recorded and post vaccine serology for Hepatitis B Surface Antibody must be attached. If serology results show less than 10iu/ml, revaccinate, record dates of vaccination AND recheck for Surface Antibody one month post vaccination. If serology results indicate Surface Antibody greater than 10iu/ml then no further action is required.
2. If official records are unavailable for proof of vaccination, serology for Surface Antibody AND Surface Antigen is required and must be attached. The following is required based on serology results:

HBsAb <10iu/ml AND HBsAg Undetected → Vaccinate with series of Hepatitis B or Hepatitis AB combined, record dates of vaccination, attach serology results for Antibody one month post vaccination.

HBsAb < 10iu/ml AND HBsAg Detected → Consult Health Services.

HBsAb > 10iu/ml AND HBsAg Detected → Consult Health Services.

HBsAb > 10iu/ml AND HBsAg Undetected → Immune. No further action is required

The process of doing serology and receiving the vaccine must have begun prior to the date of clinical practice and a first dose of the vaccine is a minimum requirement. It is the responsibility of the student to submit the remaining proof of completed vaccination and serology results to the Designated Office of the Faculty/Program.

Two Step Tuberculin Skin Test - Mantoux Screening

1. A Two Step Mantoux is required upon entry to the program regardless of previous BCG vaccination history.
2. Mantoux screening must be completed prior to any live vaccine such as MMR, OPV or Varicella; it is otherwise invalid.
3. Mantoux screening must be done within 6 months of the start date of your program.
4. Previously tested students with a positive result (induration equal to or greater than 10 mm) should not receive a Mantoux test.
5. A chest X-Ray within 6 months of program entry is required for previously tested positive students. The chest x-ray report must be attached to the form and will be valid for the duration of studies at the University.
6. Positive Mantoux results: Future Mantoux skin testing is not required but self reporting of signs and symptoms of active TB is required on an annual basis to the Designated Office of the Faculty/Program.
7. Only a One Step Mantoux is required yearly, beginning in the second year and for the duration of the program.
8. If there is an interval greater than 12 months between annual TB skin tests, then the Two Step process needs to be redone.
9. TB testing is available at any campus Health Service at no cost to students.

Influenza

1. Yearly vaccination is mandatory. The most current vaccine must have been received and is available by October or November of every year.
2. Proof of vaccination must be submitted by the student, to the appropriate Designated Office by December 1st. Late fees apply at the Faculty of Health Sciences.

Meningococcal

1. Vaccination is not mandatory but recommended.

Comments or questions from student to Health Care Provider: