

Immunizations are required for your program. They are required to protect both you and your clients from disease or illness.

The immunization process may take several weeks to several months to complete, depending on your immunization history, so start the process early! Students whose forms are not complete will not be able to participate in the field placements.

All of the required tuberculosis testing / immunizations*/ blood work is available through the College's Health Services at little or no cost. A nurse is available to assist you with your forms **at no cost**. Please call to book an appointment. If your doctor fills out this form for you, or provides TB testing, you may be charged a fee in his/her office.

*Note: Twinrix vaccine is available at a reduced cost, and Varicella vaccine is available by prescription.

Steps to Follow:

1. Download this immunization form to have it completed by your health care professional or one of our Health Services nurses.
2. Obtain a copy of your **immunization records**, preferably from **Public Health** as they usually provide the most complete record.

Records may be available at the Public Health Department that was responsible for maintaining records for your high school. Contact information for all Ontario Public Health Departments can be found on their web site:

www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html

For those Students from Ottawa-Carleton High Schools, please visit <https://oph.icon.ehealthontario.ca/#!/welcome> to request your records. Students who attended Renfrew County High Schools can contact the Public Health Unit at 613-735-8653.

You may have a **yellow immunization card** which will also be helpful. If you do not have either one of these check with your Family Doctor to see if he/she has any records of vaccines you have received there.

If you are unable to obtain records, please consult with an Algonquin College Health Services Nurse.

3. As a general rule you will need:
 - ✓ **Proof** of a childhood series for tetanus, diphtheria, polio (TdP) and pertussis **or** completion of an adult series of vaccines.
 - ✓ **Proof** of immunity to chickenpox (a blood test) or proof of administration of two doses of Varicella vaccine.
 - ✓ **Proof** of 2 full doses of MMR (measles, mumps, rubella) **or** blood work to determine immunity to all three
 - ✓ **2 step TB testing** done at least 1 week apart (requires 4 visits to your health care provider)
 - ✓ If the TB skin test is positive then a chest x-ray and physician follow up is required
 - ✓ **Proof** of Hepatitis B vaccination **and/or** blood work. The blood test must include Hepatitis B antibody and Hepatitis B surface antigen tests.
4. Timing is everything! It takes approximately 7-10 days for blood work results to come back. TB testing takes a minimum of 2 weeks. If you require Hep 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.

Copies of immunization records and blood test results are acceptable and MUST be included with your forms. Please do not mail your originals! Mail, Fax, or preferably, bring your forms in person to the appropriate campus:

Health Services Office,
Algonquin College
1385 Woodroffe Ave. Room C141
Ottawa, ON K2G 1V8
Tel: 613-727-4723 ext 7222
Fax: 613-727-3166

Health Services Office
Algonquin College
1 College Way
Pembroke, ON K8A 0C8
Tel: 613-735-4700 ext 2748
Fax: 613-735-4703

Health Services Office
Algonquin College
7 Craig Street
Perth, ON K7H 1X7
Tel: 613-267-2859
Fax: 613-267-3950

PERSONAL INFORMATION DATA ALL FIELDS MUST BE COMPLETE IN ORDER TO PROCESS THIS FORM

NAME: _____ Date of Birth: ____/____/____ Sex: M / F
Family name given name D / M / Y

Address: _____
Street City Province Postal code

E-mail Address: _____

Health Card Information: Province: _____ Health Card # _____ Expiry Date: _____

Other Health Insurance _____ Telephone #: Home: _____ Cell: _____
(Private- Company name / Policy #)

Program Name: _____ Program start date: ____/____/____ Full time Part time On-line
Month / Year

Please list any ALLERGIES:

CONSENT:

The information on these forms is kept confidential within the Health Services Office. However, if your records are not complete, this will be communicated to the College staff responsible for your placement.

I confirm that I have read the above statement and I give consent to release information as is necessary for my clinical / placement.

Signature of Student _____ Date _____

1. IMMUNIZATION RECORDS: PLEASE SUBMIT COPIES OF YOUR VACCINATION RECORDS

COPY OF IMMUNIZATION RECORD ENCLOSED RECORDS NOT AVAILABLE If records are not available, please consult Health Services

2. TETANUS, DIPHTHERIA , POLIO and PERTUSSIS VACCINES:

Documented proof of a primary series is required, OR an adult primary series is required. A single dose of Pertussis is required for all adult Health Care Workers after their 18th birthday regardless of when their last Tdap vaccine was given. (Canadian Immunization Guide)

A. Do you have documented proof of a completed primary series? YES COPY OF RECORD ATTACHED (MANDATORY)
 or NO If no, the primary series will need to be completed (MANDATORY)
 or if no records of any vaccines, an adult primary series is required (see below)

B. Date of last Tetanus vaccine _____ Type of vaccine given _____ COPY OF RECORD ATTACHED (MANDATORY)

C. Date of adult dose of Adacel or Boostrix (given at ≥ age 18) _____ COPY OF RECORD ATTACHED (MANDATORY)

ADULT PRIMARY SERIES 1st dose (Adacel or Boostrix and IPV) Date: _____ by _____ RN / MD

2nd dose (TdPolio -1 months after 1st visit) Date: _____ by _____ RN / MD

3rd dose (TdPolio - 6-12 months after 2nd visit) Date: _____ by _____ RN / MD

3. VARICELLA (CHICKEN POX) IMMUNITY: PLEASE ENSURE TB TESTING IS COMPLETE PRIOR TO GIVING ANY LIVE VACCINES

Date of childhood vaccine for Varicella (if given) #1 _____ COPY OF RECORD ATTACHED (MANDATORY if vaccine given)
 #2 _____

A blood test for Varicella Antibodies is mandatory if either there is a history of Varicella Infection, or less than two Varicella vaccines were received.

Date drawn: _____ Result IMMUNE NON-REACTIVE COPY OF LAB ATTACHED (MANDATORY)

IF YOU ARE NOT IMMUNE, vaccination is required. If you were given a single dose of the chicken pox vaccine in childhood, a single booster dose is required.
 If you have never been vaccinated for chicken pox and are not immune, 2 doses are mandatory.

Dose #1 Date: _____ Vaccine type _____ Lot # _____ by _____ RN/MD

Dose #2 Date: _____ Vaccine type _____ Lot # _____ by _____ RN/MD

NAME: _____ DATE OF BIRTH _____ / _____ / _____
family name given name day / month / year

4. MMR

NOTE TO HEALTH CARE PROVIDERS: PLEASE ENSURE TB TESTING IS COMPLETE PRIOR TO GIVING ANY LIVE VACCINES.

Documentation of two MMR is required: For students who received a second measles only vaccine, a second MMR is required. If no records are available, blood work demonstrating immunity to Measles, Mumps and Rubella is required.

Date of 1st MMR: _____ and Date of 2nd MMR: _____ COPY OF RECORD ATTACHED (MANDATORY)

OR Submit a copy of blood test results for Measles, Mumps and Rubella Antibodies: COPY OF LAB ATTACHED (MANDATORY)

IF YOU ARE NOT IMMUNE TO ANY COMPONENT OF THE VACCINE: **2 MMR VACCINES ARE REQUIRED**

Dose #1 date given: _____ by _____ RN/MD

Dose #2 date given: _____ by _____ RN/MD

5. TB TESTING

NOTE: TB testing must be completed prior to any live vaccines such as MMR or Varicella boosters.

A 2 - STEP TUBERCULIN SKIN TEST is required REGARDLESS OF BCG HISTORY. The TB tests should be given 1 – 3 weeks apart. TB testing must be within 3 months of the start date of your program. A TB test is invalid if it is given in the 30 day period following the administration of any live vaccines.

PREVIOUS POSITIVE TB TEST: If you have a 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:

Date: _____ L R Forearm Date read: _____ Result _____ mm TB test is positive (≥ 10 mm) proceed to chest X-ray
 Lot: _____ Signature: _____ RN/MD TB test is negative (<10mm) repeat TB test in 1- 3 weeks

STEP TWO:

Date: _____ L R Forearm Date read: _____ Result _____ mm TB test is positive (≥ 10 mm) proceed to chest X-ray
 Lot: _____ Signature: _____ RN/MD TB test is negative (<10mm) repeat TB annually

CHEST X-RAY: Required ONLY if TB reaction is equal to or greater than 10 mm.

ATTACH A COPY OF A RECENT X-RAY REPORT (i.e.: within 6 months of your program start date) COPY OF REPORT ATTACHED (MANDATORY)

Date of X-ray: _____ Result: _____

6. HEPATITIS B VACCINES / IMMUNITY

HEPATITIS B VACCINE is MANDATORY. If you have not already been vaccinated for Hepatitis B, you may elect to receive the vaccine at Algonquin College Health Services.*See note below. You may have had either a 2 dose series (2 doses - given five months apart), or a 3 dose series (3 doses given at an interval of 0, 1 and 6 months) when you were in grade 7. Either is acceptable. Unimmunized adults require a 3 dose series.

Hepatitis B Vaccine dates: 1st _____ 2nd _____ 3rd _____ COPY OF LAB ATTACHED (MANDATORY)

AND I have submitted a copy of blood work results indicating Hepatitis B immunity – antibody and antigen are both required.

NOTE: blood work must be done not before 30 days after the last dose.

Date titre drawn: _____ Results: Antibody: _____ Antigen: _____ COPY ENCLOSED (MANDATORY)

If you have had the vaccine but your blood work shows you are not immune, a booster dose is required followed by a blood test to check immune status one month after the booster dose: If you are still not immune, please consult a Health Services RN.

Date booster given: _____ Signature _____ RN / MD

Date of post vaccination titre (at least 30 days after booster): _____ Result: _____ COPY OF LAB ATTACHED (MANDATORY)

*Please note: Hepatitis B vaccine is not currently available in Canada. You will need to receive Twinrix vaccines which will protect you against both Hepatitis B and Hepatitis A. This vaccine is available at Health Services at a cost of \$50.00 per dose.