

Entry Immunization Form

A. Personal Information

Last Name: _____ First Name: _____

Date of Birth: _____ Student #: _____

B. Program Information: Please check Program of Study

School of Business, IT and Management (Attention: Karen Anderson)

- Office Administration- Health Services
-

School of Continuing Education (Attention: Laurel Kimball)

- | | |
|--|--|
| <input type="checkbox"/> Dementia Studies | <input type="checkbox"/> Oncology Nursing |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Palliative Care Nursing |
| <input type="checkbox"/> Mental Health Nursing | <input type="checkbox"/> Perinatal/Obstetrical Nursing |
| <input type="checkbox"/> Nephrology Nursing | <input type="checkbox"/> Practical Nursing Bridge |
| <input type="checkbox"/> Office Administration-Health Services | <input type="checkbox"/> Social Service Worker |
-

School of Health and Community Services (Attention: Documentation Officer)

- | | |
|---|---|
| <input type="checkbox"/> Activation Coordination in Gerontology | <input type="checkbox"/> Developmental Service Worker |
| <input type="checkbox"/> Addictions and Mental Health | <input type="checkbox"/> Early Childhood Education |
| <input type="checkbox"/> Child and Youth Worker | <input type="checkbox"/> Fitness and Health Promotion |
| <input type="checkbox"/> CICE | <input type="checkbox"/> OTA/PTA Worker |
| <input type="checkbox"/> Communicative Disorders Assistant | <input type="checkbox"/> Personal Support Worker |
| <input type="checkbox"/> Dental Assisting | <input type="checkbox"/> Practical Nursing |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Social Service Worker |
| <input type="checkbox"/> Dental Reception and Administration | <input type="checkbox"/> Other |
-

School of Justice and Emergency Services (Attention: Documentation Officer)

- Advanced Care Paramedic
- Advanced Law Enforcement and Investigations
- Paramedic
- Victimology
- Youth Justice and Interventions
-

School of Science and Engineering Technology (Attention: Documentation Officer)

- Biomedical Engineering Technology
-

Notice of Collection and Disclosure of Personal Information

In accordance with Chapter F.31, Part III of the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, your personal information is collected and retained under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, S.O. 2002, Chapter 8, Schedule F, Section 6. Under this same authority, Durham College is required to report student-level enrolment-related data to the Ministry of Training, Colleges and Universities. The Ministry collects this data, which includes limited personal information such as Ontario Education Numbers, student characteristics and educational outcomes, in order to administer government postsecondary funding, policies and programs, including planning, evaluation and monitoring activities. Your personal information may also be used and/or disclosed for administrative, information technology, law enforcement, statistical and/or research purposes of the College and/or the ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College please contact the Freedom of Information Coordinator, 2000 Simcoe Street North, Oshawa, ON L1H 7K4, 905.721.2000 ext. 3292. (July 2015) Entry Immunization Form – Document 1 – Created December, 2004, Revised May 2016

C. Immunization Requirements

C.1 Tetanus, Diphtheria

- Tetanus, Diphtheria, Pertussis (TdaP)
- Tetanus, Diphtheria (Td)

Date of last booster: _____
(Valid for 10 years and must not expire before the end of your program)

C.2. Polio

- Date of last booster: _____
(Must be after 4th birthday)
-

C.3. Varicella

- Dates of 2 Vaccinations
1) _____
2) _____ (at least 4 weeks after 1st dose)
OR
 - Proof of Immunity
Varicella titre level: _____ Date: _____
-

C.4 Measles, Mumps, Rubella

- Dates of 2 Vaccinations
1) _____
2) _____ (at least 4 weeks after 1st dose)
 - If MMR was given in 1996, check box to verify the vaccine was MMR and not Measles only.**
OR
 - Proof of Immunity
Measles titre: _____ Date: _____
Mumps titre: _____ Date: _____
Rubella titre: _____ Date: _____
 - MMR booster date: _____
(required if there is inadequate immunity)
-

C.5 Hepatitis B

- Dates of 3 Vaccinations (2 dates if given in grade 7)
1) _____
2) _____
3) _____
OR
- Proof of Immunity
Hepatitis B titre: _____ Date: _____

Name: _____

Student #: _____

D. Tuberculosis Surveillance Requirements

D.1 History

Country of Birth: _____

BCG Vaccine given: (TB testing is mandatory regardless of BCG history)

No Yes- date: _____

History of TB Infection:

No Yes-date of treatment: _____

History of positive TB test:

No Yes- date: _____

D.2 2-Step Tuberculosis Skin Test (Mantoux)

- 2-step TB testing is mandatory.
- Each TB test is to be read 48-72 hours after planting.
- The 2nd step to be planted 7-21 days after the 1st step.
- The TB test is valid for 1 year.
- **A Chest X-Ray report less than 1 year old must be attached for any positive TB test (previous or current) or a history of TB infection.**

Date- Step 1	Site	Date Read	Result in mm	Signature
Date- Step 2	Site	Date Read	Result in mm	Signature

D.3 1-Step Tuberculosis Skin Test (Valid only with proof of previous negative 2-Step TB Test)

Date	Site	Date Read	Result in mm	Signature

D.4 Chest X-Ray Report (only if required)

Report Attached

E. Recommended Vaccinations

Influenza- This vaccine is available between October and May. It is not mandatory but highly recommended. If there is an outbreak at your placement facility and you have not been vaccinated, you may not be allowed to attend that placement. Date given: _____

Bacterial Meningococcal Vaccine (Menactra or Menveo, strains A,C,Y,W135). This vaccine is not mandatory but highly recommended. Date given: _____

F. Clinic Stamp and Signature of Physician or Nurse

Signature _____ Date: _____

Instructions for Completing the Entry Immunization Form

STUDENTS: Please take this form with you to your Health Care Provider

This is your Entry Immunization Form. This form is a prerequisite for students attending placements where communicable disease surveillance protocols and health legislation exists. Please ensure the form is complete and legible. **You will need your immunization records to complete this form.**

If you live in Durham region, your childhood immunization records can be obtained by calling Durham Health Connection Line at 905-666-6241 or 1-800-841-2729. Outside Durham region please contact your local Public Health Department. Contact information for other Health Departments in Ontario can be found at: <http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>.

This form follows the standards outlined in the Canadian Immunization Guide 2014, the Ontario Hospital Association (November 2015) the Ontario Medical Association and the Durham Region Health Department.

An Informed Consent must be filled out at the Campus Health Centre for Immunization Exemption. Immune status is required via blood titre levels and a record of past vaccinations must be provided for the Informed Consent to be processed. TB testing is mandatory.

Entry Immunization Form requirements:

C.1 Tetanus, Diphtheria, Pertussis (TdaP) or Tetanus, Diphtheria (Td)

- TdaP or Td is due every ten years and must be valid for the entire length of the program.

C.2 Polio

- Polio booster given after the student's 4th birthday is required.

C.3 Chicken Pox (Varicella)

- Two (2) doses of the Varicella vaccine are required **OR**
- Serology results to indicate immunity to Varicella.
- Two (2) doses of Varicella vaccine must be given if there is inadequate immunity.

C.4 Measles, Mumps, Rubella

- Two (2) doses of MMR are required. (Measles only is not sufficient) **OR**
- Serology results to indicate immunity to **each** of Measles, Mumps and Rubella.
- One (1) MMR booster must be given if there is inadequate immunity.

C.5 Hepatitis B

- Three (3) doses of Hepatitis B are required. Two (2) doses are adequate if the series was given in school (grade 7) **OR**
- Serology results to indicate immunity to Hepatitis B.
- The series of 3 vaccinations must be started prior to admission if there is inadequate immunity.
- It is the student's responsibility to complete the series.
- The Hepatitis B series is not mandatory (but recommended) for Dental Reception and Administration or Office Administration-Health Services.

D. Tuberculosis Skin Testing (Mantoux)

- A two-step tuberculosis skin test is required for all students admitted to the program. The 2nd step is given 7-21 days after the 1st step.
- If the student has had a previous 2-step TB test, proof of that 2-step must be provided along with the current 1-step test.
- TB tests are valid for 1 year.
- If the student has a positive TB test (>10mm) the test should never be repeated. A chest x-ray report less than one year old must be attached.
- If the student has a history of a positive TB test or TB infection, TB testing should not be done. Documentation and a chest x-ray report less than 1 year old must be attached.
- A history of BCG vaccination must be documented. This does not exclude the student from the required TB testing..