

Name:			Student #:		
Date of Birth:			Location of Study:		
Program of Study:	<input type="checkbox"/> Practical Nursing (PN) <input type="checkbox"/> Comprehensive Health Care Aide (CHCA) <input type="checkbox"/> Continuing Education (Con Ed): <input type="checkbox"/> Practical Nursing Qualification Recognition (PNQR) Con Ed Course Code/Name:				

Tetanus and Diphtheria/Pertussis Immunity = Primary Series, adult Tdap dose, and dose of tetanus containing vaccine in last 10 years	Documented Td primary series: <input type="checkbox"/> Yes <input type="checkbox"/> No Circle Td or Tdap: Date of Td/Tdap: Date of Td/Tdap: Date of Td/Tdap: Date of Td/Tdap: Date of Td/Tdap: Date of Td/Tdap: Date of Td/Tdap: Date of Td/Tdap: HCP Signature: Print Name:					
	Documented Primary Series Required (three doses of polio containing vaccine) Circle IPV or Tdap-IPV: Date of IPV/Tdap-IPV: Date of IPV/Tdap-IPV: Date of IPV/Tdap-IPV: HCP Signature: Print Name:					
Measles Immunity = 2 doses of measles vaccine or positive titre	Titre Date: <input type="checkbox"/> Antibody Detected <input type="checkbox"/> Susceptible HCP Signature: Print Name:			Measles Vaccine: Date 1: Date 2:		
	Titre Date: <input type="checkbox"/> Antibody Detected <input type="checkbox"/> Susceptible HCP Signature: Print Name:			Mumps Vaccine: Date 1: Date 2:		
Mumps Immunity = 2 doses of mumps vaccine or positive titre	Titre Date: <input type="checkbox"/> Antibody Detected <input type="checkbox"/> Susceptible HCP Signature: Print Name:			Rubella Vaccine: Date 1: Date 2:		
	Titre Date: <input type="checkbox"/> Antibody Detected <input type="checkbox"/> Susceptible HCP Signature: Print Name:			Varicella Vaccine: Date 1: Date 2:		
Hepatitis B Recognized immunization schedule and a positive titre. Two doses of Engerix-B for those born after 2006.	Dose 1 Date: Dose 2 Date: Dose 3 Date: Dose 4 Date: <input type="checkbox"/> Antibody Detected <input type="checkbox"/> Susceptible			Dose 5 Date: Dose 6 Date: <input type="checkbox"/> Antibody Detected <input type="checkbox"/> Susceptible		
	HCP Signature: Print Name:					
Tuberculosis Documentation of 2-step TST. 2-step TST to be done 7-28 days apart	Two-Step Tuberculin Skin Test (TST) Step 1 Date read: Result in mm: Step 2 Date read: Result in mm: HCP Signature: Print Name:					
	Chest X-ray Done: <input type="checkbox"/> Yes* <input type="checkbox"/> No Date of X-ray: Result: *Include copy of CXR. HCP Signature: Print Name:					
Influenza* *Recommended	Date: HCP Signature: Print Name:					
	Date: HCP Signature: Print Name:					
Covid-19* *Recommended	Date: HCP Signature: Print Name:					

Vaccine	Recommendation
Tetanus and Diphtheria	<ul style="list-style-type: none"> Documented primary series with booster every 10 years. If no documentation then initiate a primary series. Practical Nursing students must have the first two doses completed prior to the end of practicum 1 and subsequent doses booked. CHCA students must have the first two doses completed two weeks prior to the start of practicum 1 with the subsequent dose booked.
Polio	<ul style="list-style-type: none"> Documented primary series. If no documentation then initiate a 3-dose primary series with IPV at 0, 8 weeks, 6-12 months after 2nd dose. Practical Nursing students must have the first two doses completed prior to the end of practicum 1 and subsequent doses booked. CHCA students must have the first two doses completed two weeks prior to the start of practicum 1 with the subsequent dose booked.
Measles, Mumps, Rubella	<ul style="list-style-type: none"> If documentation of vaccines is provided then no serology is required to assess immunity, otherwise serological testing can be done to determine immunity and if there is no evidence of immunity an appropriate series of vaccine is required.
Varicella	<ul style="list-style-type: none"> Students with a health care provider diagnosis of varicella or herpes zoster are considered immune as re those who have serologically tested positive for infection; self-reporting is not considered proof of immunity. If documentation of vaccines is provided then no serology is required to assess immunity, otherwise serological testing can be done to determine immunity and if there is no evidence of immunity an appropriate series of vaccine is required.
Hepatitis B	<ul style="list-style-type: none"> Documented primary series is required with a documented serological response. People with inadequate immunization records Evidence of long-term protection against HB has only been demonstrated in individuals who have been vaccinated according to a recommended immunization schedule. Independent of their anti-HBs titres, children and adults lacking adequate documentation of immunization should be considered susceptible and started on an immunization schedule appropriate for their age and risk factors. Practical Nursing students must have the first two doses completed prior to the end of practicum 1 and subsequent doses booked. CHCA students must have the first two doses completed two weeks prior to the start of practicum 1 with the subsequent dose booked.
TST (Mantoux Test)	<ul style="list-style-type: none"> If an individual has had tuberculosis, a recent chest x-ray (within one year) is required. Documentation of history and treatment is required. All individuals entering the program are required to have a 2-step TST for baseline evaluation. This two-step may have been completed at any date. The second test should be 7-28 days after the first test and only if the first test is negative. If the two step TST used for baseline evaluation was given more than 1 year from the start date of the program, a one-step TST is required. TST must be completed prior to the end of practicum 1.
Influenza	<ul style="list-style-type: none"> Yearly vaccination is recommended but not mandatory.
Covid-19	<ul style="list-style-type: none"> Vaccination is recommended but not mandatory.

Additional Sources of Information:
<ul style="list-style-type: none"> Routine Immunization Schedule Routine Immunization Schedules Province of Manitoba (gov.mb.ca)
<ul style="list-style-type: none"> Recommended Immunization Schedules for Individuals NOT Previously Immunized or NO records of Immunization Immunization Schedules for Individuals NOT Previously Immunized Province of Manitoba (gov.mb.ca)
<ul style="list-style-type: none"> Canadian Immunization Guide Canadian Immunization Guide - Canada.ca
<ul style="list-style-type: none"> Immunization FAQ About Vaccines Province of Manitoba (gov.mb.ca)

Instructions for Student:
<ul style="list-style-type: none"> Submit your completed Immunization Record via email to: Nursingdocuments@assiniboine.net Include in your email the following: <ul style="list-style-type: none"> Subject Line: Completed Immunization Record In the Body of the email: <ul style="list-style-type: none"> Attach PDF file Include your name Include your student number Include your program Include your program location Include your intake (month and year you began your program)