

STUDENT INFORMATION	
Student Name:	
Student Number:	
Date of Birth (mm/dd/yyyy):	
Phone Number:	
Email Address:	
Program of Study:	<input type="checkbox"/> Comprehensive Health Care Aide (CHCA) <input type="checkbox"/> Continuing Education (Con Ed) <input type="checkbox"/> Practical Nursing (PN) <input type="checkbox"/> Con Ed Course Code/Name: <input type="text"/> <input type="checkbox"/> Practical Nursing Qualification Recognition (PNQR)
Location of Study:	

IMPORTANT NOTES
<ul style="list-style-type: none"> • Please send a copy of your completed immunization record to nursingdocuments@assiniboine.net • Any questions related to the immunization record are to be directed to nursingdocuments@assiniboine.net. When emailing nursingdocuments@assiniboine.net, you must include the following information in your email: <ul style="list-style-type: none"> ○ Your name ○ Your student number ○ Your program ○ Your program location ○ Your intake (month and year you began your program) • Costs associated with form completion are the responsibility of the student • Students who cannot be immunized because of allergies, family planning/pregnancy or for other reasons must provide a physician's certificate to this effect

SCHOOL OF NURSING CONTACT INFORMATION	
School of Nursing Phone Number: 1-800-862-6307 ext. 6240 School of Nursing Email: nursing@assiniboine.net	
Brandon Campus 1430 Victoria Avenue East Brandon, MB R7A 2A9	Parkland Campus 520 Whitmore Avenue Dauphin, MB R7N 2V5
Portage la Prairie Campus 180 Centenaire Drive Southport, MB R0H 1N1	Winnipeg Training Site 1313 Border Street, Unit 87 Winnipeg, MB R3H 0X4

IMMUNIZATIONS (TO BE FILLED OUT BY DOCTOR/NURSE)

DIPHTHERIA/TETANUS/PERTUSSIS
 (Last dose within 10 years)

Primary Series Required
(Primary series = three doses of tetanus-containing vaccine; three doses of diphtheria-containing vaccine, AND three doses of pertussis-containing vaccine)

Date:		Vaccine:	
Date:		Vaccine:	
Date:		Vaccine:	

Adult Pertussis Booster: Yes No
 Date:

Health Care Professional to document if student is safe to attend health facility practicum:
 Yes No

Health Care Professional Signature:	
Print Name:	

POLIO VACCINE
 (If unknown or no record of vaccine, then complete primary series)

Primary Series Required
(Primary series = three doses of polio-containing vaccine)

Date:		Vaccine:	
Date:		Vaccine:	
Date:		Vaccine:	

Health Care Professional to document if student is safe to attend health facility practicum:
 Yes No

Health Care Professional Signature:	
Print Name:	

MEASLES
 (must have 2 doses of measles-containing vaccine or serology showing immunity)

*Measles vaccine (two doses required at least a month apart starting on or after the first birthday - considered immune and precludes further testing);

#1 Date:		#2 Date:	
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Vaccine Dates:	#1		#2	
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OR

Antibody tested – date of serology:	
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Results: Immune Susceptible
 Health Care Professional to document if student is safe to attend health facility practicum:
 Yes No

Health Care Professional Signature:	
Print Name:	

MUMPS
 (must have 2 doses of mumps-containing vaccine **or** serology showing immunity)

*Mumps vaccine (two doses required at least a month apart starting on or after the first birthday - considered immune and precludes further testing);

#1 Date:		#2 Date:	
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Vaccine Dates:	#1		#2	
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OR

Antibody tested – date of serology:	
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Results: Immune Susceptible

Health Care Professional to document if student is safe to attend health facility practicum:

Yes No

Health Care Professional Signature:	
Print Name:	

RUBELLA
 (must have at least one dose of rubella-containing vaccine **or** serology showing immunity)

*Rubella vaccine (one dose required on or after the first birthday- considered immune and precludes further testing);

#1 Date:	
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Vaccine Dates:	#1		#2	
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OR

Antibody tested – date of serology:	
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Results: Immune Susceptible

Health Care Professional to document if student is safe to attend health facility practicum:

Yes No

Health Care Professional Signature:	
Print Name:	

CHICKEN POX (Varicella):
 (must have two doses of varicella-containing vaccine **or** serology showing immunity)

Vaccine Dates:	#1		#2	
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OR

Antibody tested – date of serology:	
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Results: Immune Susceptible

Health Care Professional to document if student is safe to attend health facility practicum:

Yes No

Health Care Professional Signature:	
Print Name:	

HEPATITIS B CONTAINING VACCINE

(must have vaccine **and** serology. Serology should be performed at least four weeks after the last dose is given with documented presence of antibodies)

*Individuals born after 1989 are eligible for Hep B vaccinations through the Manitoba Provincial Immunization program at no charge. Contact your public health office to arrange. Individuals born prior to 1989 must see their primary care provider and purchase the vaccine for use.

Vaccine Dates:					
#1		#2		#3	

AND

Antibody tested – date of serology:	
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Results: Immune Susceptible Chronic Infection

****If chronic infection, Nurse/MD - please contact Clinical Placement Coordinator)**

2 nd Dose Series Vaccine Dates					
#4		#5		#6	

Health Care Professional to document if student is safe to attend health facility practicum:

Yes No

Health Care Professional Signature:	
Print Name:	

TUBERCULIN SKIN TESTING (TST)

2-step TST*: Yes No (If No – perform 2-step TST)

Step 1 – Date:		Result:	
Step 2 – Date:		Result:	

(Step 2 must be 1 – 4 weeks after Step 1)

*Once a student has a documented two-step skin test, any further screening requires only a one-step

Recent TST (within last 6 months): Yes No (If No – perform 2-step TST)

Positive TST: : Yes No

Chest X-ray (required following positive result): : Yes No

*Students with a previous positive TST should submit documentation of the positive TST, the chest x-ray that was taken after the positive TST, and documentation of any follow up measures. A repeat CXR is not indicated unless a specific medical indication exists: no further follow-up is required unless a specific medical indication exists. If documentation of a previous positive TST is not available, the TST should be repeated unless a contraindication exists. If a previous x-ray report is not available, the x-ray should be repeated.

Health Care Professional to document if student is safe to attend health facility practicum:

Yes No

Health Care Professional Signature:	
Print Name:	

COVID-19 VACCINATION STATUS	Fully Vaccinated: <input type="checkbox"/> Partially Vaccinated: <input type="checkbox"/> Vaccination Status verified by SON: <input type="checkbox"/>	
	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Date of First Dose:</td> <td></td> </tr> </table> <p> Not Vaccinated/Not planning to be Vaccinated (testing may be required): <input type="checkbox"/> Decline to Disclose (testing may be required): <input type="checkbox"/> </p> <p>For Clinical Practicum, testing may be required as per Shared Health Guidelines.</p> <p>ACC recommends students obtain the Covid-19 vaccination. This recommendation emphasizes the responsibility of healthcare providers and students to protect vulnerable patient populations from the spread of Covid- 19 and to protect these clients from the complications associated with acquiring Covid-19, including death. The vaccine is also intended to protect the health of healthcare providers.</p>	Date of First Dose:
Date of First Dose:		

(This document will not be accepted if signed by the student)

Additional Information

Immunization is a protection, both for yourself and the clients for whom you will be caring. This is to advise you of the regulations concerning immunization for all students in the School of Nursing at Assiniboine Community College. All immunizations must be in accordance with the national Advisory Committee on Immunizations (NACI), *Canadian Immunization Guide*. <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>

- All students are responsible for keeping their own immunization records and updating their immunizations as needed. Please review your record annually to ascertain you are meeting the requirements.
- Students newly admitted to the School of Nursing must submit proof of immunization. It is strongly recommended that students make an appointment with their health care provider as soon as possible after receiving the immunization form.
- Immunization records must be signed by a doctor or nurse; records completed by a parent or self will not be accepted. **Immunizations must be valid throughout the entire academic year.**
- **Students lacking adequate immunization documentation are considered unimmunized, and will be required to start on an appropriate schedule for their age and risk factors.**
- All students enrolled in Health and Human Services are required to be immunized against the following diseases:
 - **Diphtheria and Tetanus**

A primary series is necessary only if there is no history of prior immunization. Once primary immunization is complete, boosters are required every 10 years. All adults who are due for a Td booster and have never previously received an acellular Pertussis vaccine should receive one dose of Tdap. Students must have the first two doses completed prior to the first on-site practicum and subsequent doses booked.
 - **Pertussis is recommended but not required**
 - **Polio**

A primary series is necessary only if there is no history of prior immunization. Booster doses are no longer required in North America.

Inactive polio vaccine is recommended. No patient contacts for 3 to 4 weeks following administration of oral polio vaccine. Students must have the first two doses completed prior to the first on-site practicum and subsequent doses booked.
 - **Measles and Mumps**

Persons born before 1970 may be considered immune. Prior immunization or a positive serological test is required to establish immunity for those born since 1970. Two doses of measles vaccine are recommended for those born since 1970 (can be given as MMR).
 - **Rubella**

Prior immunization or a positive serological test is required to establish immunity.
 - **Chicken Pox**

Students require immune status verification. History of disease is not sufficient.

If titre test is negative, individuals are at risk for shingles and adult chicken pox, which can pose serious health risks. Susceptible individuals should avoid situations which will expose them to the

virus. If exposed, they should be excluded or reassigned from day 10-21 after exposure. Immunization (varivax) is recommended.

○ **Hepatitis B**

This vaccination consists of a series of 3 doses at one month and six-month intervals, therefore takes 6 months to complete. Boosters are not required. Students must have the first two doses completed prior to the first on-site practicum and subsequent doses booked. Serologic testing of immunity upon completion of 3 dose series is required

○ **Tuberculosis**

According to the Manitoba TB standards, it is not contraindicated to give a Mantoux test on individuals previously vaccinated at BCG. Refer to www.hc-sc.gc.ca/pphb-dgsp/pulicat/immguide.

B.C.G vaccines are no longer given except in high risk areas such as isolated northern communities and some developing countries.

If the 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 (Mantoux) for baseline evaluation. This two-step may have been completed at any date. Mantoux tests should not be given if there is a history of documented active Tuberculosis or treatment or documented history of a positive test. The second Mantoux test is given no less than 7 and no more than 21 days after the first and only if the first test is negative. Individuals previously vaccinated with BCG or who have had a previous negative tuberculin test can receive tuberculin testing. Refer to Manitoba Health Tuberculosis Protocol (December 2014)

If the Two-step Mantoux used for baseline evaluation was given more than 1 year from the start date of the nursing program, a one-step Mantoux is required as a condition of acceptance into the program.

Mantoux testing is mandatory regardless of BCG history.

- Immunization is available at doctors' offices and other private organizations by appointment only. There may be a charge for services not covered by the Manitoba Health Services Commission at any of these facilities.
- Annual influenza vaccines are recommended for all health care providers.
- Covid-19 vaccines are recommended for all health care providers. Assiniboine's COVID-19 Campus Access Policy puts in place requirements for students and staff to provide proof that they are fully vaccinated or submit to regular testing to show a negative COVID-19 test. While on practicum, unvaccinated students must follow the testing requirement outlined by Shared Health.
- Assiniboine Community College is not responsible for contacting physicians' offices, labs, etc. in order to obtain immunization information.
- CHCA and DPN students are to keep all original documents.

Timing of immunizations (items mentioned may not all apply to this student):

- Two different live injectable vaccines can be given on the same day (e.g., MMR and VZV)
- If two different live injectable vaccines are not given on the same day they must be separated by four or more weeks
- Two doses of MMR vaccine must be separated by FOUR or more weeks

- Two doses of VZV vaccine must be separated by FOUR or more weeks (ideally SIX or more weeks)
- A TST can be given on the same day as a live vaccine, but if it is not, one must wait four weeks after a live vaccine was given before administering a TST.
- Non-live vaccines can be given at any time without regard to when a non-live vaccine, live vaccine, or TST was given, or will be given. For example, if live MMR vaccine, non-live hepatitis B vaccine, and a TST are all given on the same day, non-live Tdap vaccine can be given on any day afterwards, there is no need to wait any length of time.
- Minimal intervals in a vaccine schedule should be respected, but there are no maximum intervals. For example, for a three-dose hepatitis B vaccine schedule ideally doses should be given at time 0, 1 month and 6 months, with at least one month between dose #1 and #2, two months between dose #2 and #3, and four months between dose #1 and #3. If dose #1 and #2 were given ten years ago, dose #3 should be given now, there is no need to restart the series.
- Each student is responsible to ensure that all immunization requirements are met. It is important that this process begin immediately in order to meet the practicum deadlines. Students who fail to meet immunization criteria will not be allowed to attend practicum.
- CHCA Immunization forms are due the Friday before **PRAC-0218 Practicum 1 by noon.**
- PN Immunization forms are due the **Friday (last day) of PRAC-0218 Practicum 1 at 1600.**