

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

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

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

<b>Student Name:</b>		<b>Student Number:</b>	
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IMMUNIZATIONS (TO BE FILLED OUT BY DOCTOR/NURSE)			
<b>DIPHTHERIA/TETANUS/PERTUSSIS</b> (Last dose within 10 years)	Documented Primary Series Required <i>(Primary series = three doses of tetanus-containing vaccine; three doses of diphtheria-containing vaccine, AND three doses of pertussis-containing vaccine)</i>		
	Date:		Vaccine:
	Date:		Vaccine:
	Date:		Vaccine:
	Adult Pertussis Booster: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:		
Health Care Professional to document if student is safe to attend health facility practicum: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Health Care Professional Signature:			
Print Name:			
<b>POLIO VACCINE</b> (If unknown or no record of vaccine, then complete primary series)	Documented Primary Series Required <i>(Primary series = three doses of polio-containing vaccine)</i>		
	Date:		Vaccine:
	Date:		Vaccine:
	Date:		Vaccine:
	Health Care Professional to document if student is safe to attend health facility practicum: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Care Professional Signature:			
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<b>IMMUNIZATIONS (TO BE FILLED OUT BY DOCTOR/NURSE)</b>
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<p><b>MEASLES</b> (must have 2 doses of measles-containing vaccine <b>or</b> serology showing immunity)</p>	<p>*Measles vaccine (two doses required at least a month apart starting on or after the first birthday - considered immune and precludes further testing);</p> <table border="1"> <tr> <td>Vaccine Dates:</td> <td>#1</td> <td></td> <td>#2</td> <td></td> </tr> </table> <p style="text-align: center;"><b>OR</b></p> <table border="1"> <tr> <td>Antibody tested – date of serology:</td> <td></td> </tr> </table> <p><b>Results:</b> <input type="checkbox"/> Immune <input type="checkbox"/> Susceptible Health Care Professional to document if student is safe to attend health facility practicum: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr> <td>Health Care Professional Signature:</td> <td></td> </tr> <tr> <td>Print Name:</td> <td></td> </tr> </table>	Vaccine Dates:	#1		#2		Antibody tested – date of serology:		Health Care Professional Signature:		Print Name:	
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Antibody tested – date of serology:												
Health Care Professional Signature:												
Print Name:												
<p><b>MUMPS</b> (must have 2 doses of mumps-containing vaccine <b>or</b> serology showing immunity)</p>	<p>*Mumps vaccine (two doses required at least a month apart starting on or after the first birthday - considered immune and precludes further testing);</p> <table border="1"> <tr> <td>Vaccine Dates:</td> <td>#1</td> <td></td> <td>#2</td> <td></td> </tr> </table> <p style="text-align: center;"><b>OR</b></p> <table border="1"> <tr> <td>Antibody tested – date of serology:</td> <td></td> </tr> </table> <p><b>Results:</b> <input type="checkbox"/> Immune <input type="checkbox"/> Susceptible Health Care Professional to document if student is safe to attend health facility practicum: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr> <td>Health Care Professional Signature:</td> <td></td> </tr> <tr> <td>Print Name:</td> <td></td> </tr> </table>	Vaccine Dates:	#1		#2		Antibody tested – date of serology:		Health Care Professional Signature:		Print Name:	
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<b>RUBELLA</b>  (must have at least one dose of rubella-containing vaccine <b>or</b> serology showing immunity)	<p>*Rubella vaccine (one dose required on or after the first birthday- considered immune and precludes further testing);</p> <table border="1"> <tr> <td>Vaccine Date:</td> <td colspan="3"></td> </tr> <tr> <td>Booster Dates:</td> <td>#1</td> <td></td> <td>#2</td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>OR</b></td> </tr> <tr> <td>Antibody tested – date of serology:</td> <td colspan="3"></td> </tr> </table> <p><b>Results:</b> <input type="checkbox"/> Immune <input type="checkbox"/> Susceptible</p> <p>Health Care Professional to document if student is safe to attend health facility practicum:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr> <td>Health Care Professional Signature:</td> <td></td> </tr> <tr> <td>Print Name:</td> <td></td> </tr> </table>	Vaccine Date:				Booster Dates:	#1		#2	<b>OR</b>				Antibody tested – date of serology:				Health Care Professional Signature:		Print Name:	
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<b>CHICKEN POX (Varicella):</b>  (must have two doses of varicella-containing vaccine <b>or</b> serology showing immunity)	<table border="1"> <tr> <td>Vaccine Dates:</td> <td>#1</td> <td></td> <td>#2</td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>OR</b></td> </tr> <tr> <td>Antibody tested – date of serology:</td> <td colspan="3"></td> </tr> </table> <p><b>Results:</b> <input type="checkbox"/> Immune <input type="checkbox"/> Susceptible</p> <p>Health Care Professional to document if student is safe to attend health facility practicum:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr> <td>Health Care Professional Signature:</td> <td></td> </tr> <tr> <td>Print Name:</td> <td></td> </tr> </table>	Vaccine Dates:	#1		#2	<b>OR</b>				Antibody tested – date of serology:				Health Care Professional Signature:		Print Name:					
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<b>HEPATITIS B CONTAINING VACCINE</b>  (must have documented primary series <b>and</b> serology. Serology should be performed at least four weeks after the last dose is given with documented presence of antibodies)	<p>*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.</p> <table border="1"> <tr> <td colspan="4">Vaccine Dates:</td> </tr> <tr> <td>#1</td> <td></td> <td>#2</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>AND</b></td> </tr> <tr> <td colspan="2">Antibody tested – date of serology:</td> <td colspan="2"></td> </tr> </table> <p><b>Results:</b> <input type="checkbox"/> Immune <input type="checkbox"/> Susceptible <input type="checkbox"/> Chronic Infection</p> <p><b>**If chronic infection, Nurse/MD - please contact Clinical Placement Coordinator)</b></p> <table border="1"> <tr> <td colspan="4">2<sup>nd</sup> Dose Series Vaccine Dates</td> </tr> <tr> <td>#4</td> <td></td> <td>#5</td> <td></td> </tr> <tr> <td>#6</td> <td></td> <td></td> <td></td> </tr> </table> <p>Health Care Professional to document if student is safe to attend health facility practicum:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr> <td>Health Care Professional Signature:</td> <td></td> </tr> <tr> <td>Print Name:</td> <td></td> </tr> </table>			Vaccine Dates:				#1		#2		<b>AND</b>				Antibody tested – date of serology:				2 <sup>nd</sup> Dose Series Vaccine Dates				#4		#5		#6				Health Care Professional Signature:		Print Name:	
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<b>TUBERCULIN SKIN TESTING (TST)</b>	<p>2-step TST*: <input type="checkbox"/> Yes <input type="checkbox"/> No (<b>If No</b> – perform 2-step TST)</p> <table border="1"> <tr> <td>Step 1 – Date:</td> <td></td> <td>Result:</td> <td></td> </tr> <tr> <td>Step 2 – Date:</td> <td></td> <td>Result:</td> <td></td> </tr> </table> <p>*Once a student has a documented two-step skin test, any further screening requires only a one-step</p> <p>Recent TST (within last 6 months): <input type="checkbox"/> Yes <input type="checkbox"/> No (<b>If No</b> – perform 2-step TST)</p> <p>Positive TST: : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Chest X-ray (required following positive result): : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*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.</p> <p>Health Care Professional to document if student is safe to attend health facility practicum:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr> <td>Health Care Professional Signature:</td> <td></td> </tr> <tr> <td>Print Name:</td> <td></td> </tr> </table>			Step 1 – Date:		Result:		Step 2 – Date:		Result:		Health Care Professional Signature:		Print Name:																					
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<b>IMMUNIZATIONS (TO BE FILLED OUT BY DOCTOR/NURSE)</b>
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<b>COVID-19 VACCINATION STATUS</b>	<p>Fully Vaccinated: <input type="checkbox"/> Partially Vaccinated: <input type="checkbox"/> Not Vaccinated/Not planning to be Vaccinated: <input type="checkbox"/></p> <table border="1"> <tr> <td>Health Care Professional Signature:</td> <td></td> </tr> <tr> <td>Print Name:</td> <td></td> </tr> </table> <p>Assiniboine College 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>	Health Care Professional Signature:		Print Name:			
Health Care Professional Signature:							
Print Name:							
<b>Seasonal Influenza</b>	<table border="1"> <tr> <td>Vaccine Date:</td> <td></td> </tr> </table> <table border="1"> <tr> <td>Health Care Professional Signature:</td> <td></td> </tr> <tr> <td>Print Name:</td> <td></td> </tr> </table> <p>Assiniboine College recommends students obtain the seasonal influenza vaccine. This recommendation emphasizes the responsibility of healthcare providers and students to protect vulnerable patient populations from the spread of influenza and to protect these clients from the complications associated with acquiring influenza. The vaccine is also intended to protect the health of healthcare providers.</p>	Vaccine Date:		Health Care Professional Signature:		Print Name:	
Vaccine Date:							
Health Care Professional Signature:							
Print Name:							

<b>Address/Contact Information of Physician or Nurse:</b>
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Please submit your completed Immunization Record along with your Public Health Information Management System (PHIMS) record.

*(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 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:

### Persons with inadequate immunization records:

Children and adults lacking adequate documentation of immunization should be considered unimmunized and started on an immunization schedule appropriate for their age and risk factors.

- **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 end of Practicum 1 and subsequent doses booked.

If no previous history of any tetanus-containing vaccines, first dose of tetanus vaccine series should be completed with Tdap vaccine, followed by two doses of Td vaccine. If previous history of tetanus vaccines is available but no pertussis-containing vaccine in adulthood, Tdap can be given when the 10-year tetanus booster is due, if known. There is no minimum interval between Td and Tdap. Tdap is also recommended for pregnant women in every pregnancy. Optimal timing is between 27 and 32 weeks gestation, although Tdap vaccine may be given at any time during pregnancy.

- **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 end of Practicum 1 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.

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.

Those born between January 1, 1995, and December 31, 2007 who have not had any previous varicella immunization and are susceptible – 2 doses at least 4 weeks apart. Susceptibility to varicella should be evaluated prior to vaccination.

Individuals who have ANY of the following are considered immune to varicella:

- Documented evidence of immunization with 2 doses of a varicella-containing vaccine
- Laboratory evidence of immunity

If varicella occurred before 2004, a self-reported history or health care provider diagnosis is considered a reliable correlate of immunity for healthy individuals, including pregnant women without significant exposure to varicella, and health care workers (HCW) who are currently or have previously been employed in a Canadian health care setting. In general, healthy adults 50 years of age and older, are presumed to be immune to varicella, even if the person does not remember having had chickenpox or herpes zoster.

If varicella occurred after 2004, a self-reported history or health care provider diagnosis cannot be considered a reliable correlate of immunity because one-dose immunization programs had a marked impact on the prevalence of wild-type varicella. A self-reported history or diagnosis of varicella or herpes zoster by a health care provider is not considered to be acceptable evidence of immunity for:

- Healthy pregnant women with significant exposure to varicella
- Immunocompromised individuals, and
- HCW who are newly hired into the Canadian health care system.

- **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 end of Practicum 1 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](https://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 28 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 must be completed prior to the end of Practicum 1.

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 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 scheduled 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.
- Complete CHCA Immunization forms are due two weeks prior to **Practicum 1 by 12:00 hours.**
- Completed PN Immunization forms are due the **Friday (last day) of Practicum 1 at 16:00 hours.**