



ASSINIBOINE COMMUNITY COLLEGE

IMMUNIZATION RECORD

Student Name: _____

Student Number: _____

Date of Birth: _____

Phone: _____

TETANUS TOXOID and DIPHTHERIA TOXOID (Last dose within 10 years)	MOST RECENT BOOSTER DOSE GIVEN: <input type="checkbox"/> Td or <input type="checkbox"/> Tdap Date:_____ Vaccine:_____		
Pertussis (Whooping Cough)	Date:_____ Vaccine:_____ (in form of Tdap)		
POLIO VACCINE If unknown no record of vaccine, then complete primary series	Primary series: Yes <input type="checkbox"/> Date:_____		
	Unknown or No <input type="checkbox"/> then complete primary series		
	Primary Series		
	Date:_____ Date:_____ Date:_____		
MEASLES: (if one or no documented MMRs requires positive Serology or Boosters)	Measles vaccine (two doses required at least a month apart starting on or after the first birthday (considered immune and precludes further testing); Date:_____	Serology showing antibodies to Measles Date of serology:_____	Two Boosters if serology susceptible (negative): Date:_____
		Immune: <input type="checkbox"/>	
		Susceptible: <input type="checkbox"/>	
			Date:_____
			Date:_____
MUMPS: (if one or no documented MMRs requires positive Serology or Boosters)	Mumps vaccine (two doses required at least a month apart starting on or after the first birthday (considered immune and precludes further testing); Date:_____	Serology showing antibodies to Mumps Date of serology:_____	Two Boosters if serology susceptible (negative): Date:_____
		Immune: <input type="checkbox"/>	
		Susceptible: <input type="checkbox"/>	
			Date:_____
			Date:_____
RUBELLA: (if no documented MMRs requires positive Serology or Boosters)	Rubella vaccine (one dose required on or after the first birthday (considered immune and precludes further testing); Date:_____	Serology showing antibodies to Rubella Date of serology:_____	Two Boosters if serology susceptible (negative): Date:_____
		Immune: <input type="checkbox"/>	
		Susceptible: <input type="checkbox"/>	
			Date:_____
			Date:_____
CHICKEN POX (Varicella): Documented history of infection is not adequate support of immunity Varicella Vaccine: (only indicated for those with negative serology). For adults two doses required at least six weeks apart. Post- vaccination serology is not recommended	Vaccine dates; Date:_____		Two Boosters if serology susceptible (negative): Date:_____
	Date:_____		
	OR		
	Serology showing antibodies to Varicella		
	Date of serology:_____		
	Immune: <input type="checkbox"/>		
	Susceptible: <input type="checkbox"/>		

<p>HEPATITIS B; Immunity is required for students. A series of three vaccinations is required.</p>	<p>Hepatitis B containing Vaccine; 1ST dose Date:_____</p> <p>2nd dose Date:_____</p> <p>3rd dose Date:_____</p> <p>Serology results required after third HBV with documented presence of antibodies.</p> <p>Post 3rd dose Serology; Date of serology:_____</p> <p>Immune: <input type="checkbox"/></p> <p>Susceptible: <input type="checkbox"/></p> <p>If negative serology, then 4th booster dose recommended</p> <p>4th dose (booster)Date:_____ (if indicated)</p> <p>Post 4th dose Serology 4 weeks post booster; Date of serology:_____</p> <p>Immune: <input type="checkbox"/></p> <p>Susceptible: <input type="checkbox"/></p> <p>If negative serology after 4th dose, should complete remaining 2 doses Hepatitis B</p> <p>5th dose Date:_____</p> <p>6th dose Date:_____</p> <p>Post 6th dose Serology 4 weeks after series;</p> <p>Date of serology:_____</p> <p>Immune: <input type="checkbox"/></p> <p>Susceptible: <input type="checkbox"/></p> <p>Clients who do not seroconvert after two Hep B containing series (6 total doses) are unlikely to respond to further doses of Hep B vaccination</p>	
<p>TUBERCULOSIS (will require two-step TST with no previous history of testing, a two -step TST to be done only once, all further TSTs are one-step.</p> <p>Testing must be done within one year of admission to program.</p> <p>NOTE: students cannot read TST results, must be complete by health professional</p>	<p>History of BCG: Date _____</p> <p>Previous positive Mantoux: Yes: <input type="checkbox"/> Size: _____</p> <p>No: <input type="checkbox"/></p> <p>If previous positive Mantoux, Chest Xray required Date of Xray:_____</p> <p>Results; Negative <input type="checkbox"/></p> <p>Positive <input type="checkbox"/></p>	<p>Current Mantoux test Step 1 Date administered:_____</p> <p>Result in mm (must be read 48-72 hours after administered)::_____</p> <p>Step 2 Date administered:_____</p> <p>Result in mm:_____</p> <p>IF positive follow up with physician is required and details of recommendations and treatments are required from the health care professional.</p> <p>Safe to attend health facility practicum(to be completed by health professional); Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p> <p>Health Care Professional Signature:_____</p> <p>Print name:_____</p>

Signature of Physician or Nurse: _____ Date: _____
(This document will not be accepted if signed by the student)

Address: _____

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.

1 If antibody is low or non-existent vaccine is required.

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 Health and Human Services offered at Assiniboine Community College:

- a) 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.
- b) Students newly admitted to Health and Human Services must submit proof of immunization.
- c) 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.**
- d) **Students lacking adequate immunization documentation are considered unimmunized, and will be required to start on an appropriate schedule for their age and risk factors.**
- e) All students enrolled in Health and Human Services are required to be immunized against the following diseases:

- i) **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.

Pertussis is recommended but not required

- ii) **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 contact for 3 to 4 weeks following administration of oral polio vaccine.

- iii) **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 is recommended for those born since 1970 (can be given as MMR).

- iv) **Rubella**

Prior immunization or a positive serological test is required to establish immunity.

- v) **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.

- vi) **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 entry to the program.

Serologic testing of immunity upon completion of 3 dose series is strongly encouraged.

- vii) **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-dgspsp/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 positive tuberculin test can receive tuberculin testing. Refer to Manitoba Health Tuberculosis Protocol (December 2009)
 - ◆ 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.
- f) 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.
 - g) Annual influenza vaccines are recommended for all health care providers.

If you have any questions regarding this form, please contact the Practicum Placement Coordinator for the Winnipeg campus and Portage la Prairie (Southport) location at 204.725.8700 Ext. 6260. For the Brandon and Parkland campus, please contact the Practicum Placement Coordinator at 204.725.8700 EXT. 6655