



STUDENT IMMUNIZATION FORM

PROGRAMS: BN, LPN, HCA, Paramedic

School of Health and Community Services

MHC Review Date: _____

Eligibility for vaccines/serology is based on Alberta Health Services Immunization Program Standards Manual: <https://www.albertahealthservices.ca/info/Page10802.aspx>

***Please present this form to the healthcare provider administering your vaccines.**

Make sure to request a current Immunization Profile and documentation of Hep B/Varicella serology results if indicated

Last Name: _____ First Name: _____ Date of Birth: _____ MHC #: _____ Email: _____

Program: _____

For Office Use Only		Public Health complete this column- Please circle when applicable.
Diphtheria/ Tetanus/ Pertussis (dTap) <input type="checkbox"/>	<ul style="list-style-type: none"> - Must have completed primary series of Td (Tetanus/Diphtheria). - Must have one dose of dTap vaccine (Diphtheria/Tetanus/acellular Pertussis) once at age 18 or older (even if you have a previous dose of Td or dTap in the last 10 years). 	Primary series completed: Yes No Date of last dose of dTap: <u>Year/Month/Day</u> Date of last dose of Td: <u>Year/Month/Day</u>
Measles/ Mumps/ Rubella (MMR) <input type="checkbox"/>	<ul style="list-style-type: none"> - Must have DOCUMENTATION showing 2 doses of MMR vaccine as per AHS Health Care Worker Student standards (based on year of birth) - It is fine if the measles, mumps, and rubella antigens have been given separately. - Serological testing to determine immunity to measles, mumps or rubella is not necessary or recommended and should not routinely be done for those who lack documentation of previous immunization. 	MMR #1: <u>Year/Month/Day</u> MMR #2: <u>Year/Month/Day</u>
Varicella (Chickenpox) <input type="checkbox"/>	<ul style="list-style-type: none"> - Strong history of past infection at greater than 1 year of age <i>and</i> PRIOR TO 2001 in Canada, as evidenced by: <ul style="list-style-type: none"> • Lab evidence of immunity (Varicella IgG – positive/Physician diagnosed shingles) • Strong recollection of disease in Canada (prior to 2001 in Alberta) – self-reported or physician diagnosed - If above is unknown - a blood test to confirm your immunity to varicella is required. - If you are not immune you will need to be vaccinated with 2 doses of varicella - 1 documented dose of Varicella on file – a 2nd dose will be given, no blood test needed. 	History of disease date: <u>Year/Month/Day</u> Serology Date: <u>Year/Month/Day</u> Result: Immune Not Immune OR Varicella #1: <u>Year/Month/Day</u> Varicella #2: <u>Year/Month/Day</u>



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Hepatitis B (Hep. B) <input type="checkbox"/>	<ul style="list-style-type: none"> - Assessed by Public Health for Hepatitis B eligibility as per Alberta Health Services Immunization Program Standards Manual. - Primary standard schedule is 2 or 3 doses administered at the appropriate age/vaccine product/dose used and spacing between doses. 	Hep. B #1: <u>Year/Month/Day</u> Hep. B #2: <u>Year/Month/Day</u> Hep. B #3: <u>Year/Month/Day</u>
Hepatitis B Serology (Anti-HBs) <input type="checkbox"/>	<ul style="list-style-type: none"> - Post-immunization serology, for all healthcare worker students who qualify for Hepatitis B immunization, to be completed 1 – 6 months after completion of Hep B series. - If adequate immunity not reached after first series, Public Health will assess the need for follow up doses and serology. - <i>May not be required for all Health Division students</i> 	Date of Anti-HBS: <u>Year/Month/Day</u> Result: Immune Not Immune Booster Dose/2 nd Series: _____ Date of Anti-HBS: <u>Year/Month/Day</u> Result: Immune Not Immune
Tuberculosis (TB) Testing (Mantoux) (PPD) <input type="checkbox"/>	<ul style="list-style-type: none"> - A Mantoux test is a test for exposure to tuberculosis. - You must have a current Mantoux test done within the last year. - If you have a documented previous positive Mantoux test - do not have another one, have a TB Screen completed by Public Health. - If you had any live vaccines (MMR or varicella) you must wait one month for your Mantoux test. - If you have a positive reaction to your Mantoux test - follow up will be completed by the TB Nurse at Public Health where your Mantoux test was completed. - If a Follow-up letter is required this is obtained through the TB nurse at Public Health. 	History of BCG: Yes No Unsure Date of Mantoux Read: <u>Year/Month/Day</u> Result: _____ mm
Seasonal Influenza <input type="checkbox"/>	<ul style="list-style-type: none"> - Annual seasonal influenza vaccine is strongly recommended. - Each fall a new seasonal influenza vaccine is released. The seasonal influenza vaccine is only good for one influenza season. - We highly encourage students to get vaccinated for seasonal influenza every year; not having your influenza vaccine can impact clinical placement. 	Year 1: <u>Year/Month/Day</u> Year 2: <u>Year/Month/Day</u> Year 3: <u>Year/Month/Day</u> Year 4: <u>Year/Month/Day</u> Year 5: <u>Year/Month/Day</u>