



STUDENT IMMUNIZATION FORM

PROGRAMS: OTA, PTA, SLPA, SW

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>



STUDENT IMMUNIZATION FORM
PROGRAMS: OTA, PTA, SLPA, SW, Addictions, CYCC
School of Health and Community Services

For Office Use Only		Public Health complete this column - Please circle when applicable.
<p>Hepatitis B (Hep. B)</p> <input type="checkbox"/>	<p>- Hep B Risk Assessment - Assessed by Public Health for Hepatitis B eligibility as per Alberta Health Services Immunization Program Standards Manual.</p> <p>- Primary standard schedule is 2 or 3 doses administered at the appropriate age/vaccine product/dose used and spacing between doses.</p> <p>- If student eligible for Hep B vaccine, please provide post-immunization serology result.</p>	<p>Eligible for Hep B vaccine according to Hep B Risk Assessment? Yes / No</p> <p>If answered "Yes" please indicate serology date and result: _____ Immune / Not immune</p> <p>Hep. B #1: <u>Year/Month/Day</u></p> <p>Hep. B #2: <u>Year/Month/Day</u></p> <p>Hep. B #3: <u>Year/Month/Day</u></p>
<p>Tuberculosis (TB) Testing (Mantoux) (PPD)</p> <input type="checkbox"/>	<p>- A Mantoux test is a test for exposure to tuberculosis.</p> <p>- You must have a current Mantoux test done within the last year.</p> <p>- If you have a documented previous positive Mantoux test - do not have another one, have a TB Screen completed by Public Health.</p> <p>- If you had any live vaccines (MMR or varicella) you must wait one month for your Mantoux test.</p> <p>- 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.</p> <p>- If a Follow-up letter is required this is obtained through the TB nurse at Public Health.</p>	<p>History of BCG: Yes No Unsure</p> <p>Date of Mantoux Read: <u>Year/Month/Day</u></p> <p style="text-align: right;">Result: _____ mm</p>
<p>Seasonal Influenza</p> <input type="checkbox"/>	<p>- Annual seasonal influenza vaccine is strongly recommended.</p> <p>- Each fall a new seasonal influenza vaccine is released. The seasonal influenza vaccine is only good for one influenza season.</p> <p>- We highly encourage students to get vaccinated for seasonal influenza every year; not having your influenza vaccine can impact clinical placement.</p>	<p>Year 1: <u>Year/Month/Day</u></p> <p>Year 2: <u>Year/Month/Day</u></p> <p>Year 3: <u>Year/Month/Day</u></p> <p>Year 4: <u>Year/Month/Day</u></p> <p>Year 5: <u>Year /Month/Day</u></p>