

IMMUNIZATION AND MEDICAL FORM

Before the start of your program you are required to have a health care professional (e.g. your physician, nurse practitioner or public health nurse) complete this form. Delay will affect access to clinical practice/applied workplace experience and your progress in completion of the program.

Students are responsible for the cost of vaccines and blood tests, **if applicable**. This is the minimum standard – additional requirements may be requested by the “Host” practicum/clinical provider.

Timing is everything – Start Early. Some vaccines require several doses which may take several weeks to complete the process.

PERSONAL INFORMATION DATA	
Name (First/Middle/Last):	Address:
Date of Birth (DD/MM/YY):	
Program of Study:	Telephone #(Home):
Campus:	Student ID #:

VACCINE	REQUIREMENTS / INDICATIONS	DOCUMENTATION / RESULTS	HEALTHCARE PROVIDER
Tdap, Tetanus, Diphtheria & Pertussis	Tetanus immunization (booster) required within the last 5 years. (Ex. Adacel, Boostrix)	Date of booster:	Name (print): Signature: Date:
MMR, Measles, Mumps, Rubella (German Measles)	Two documented doses of MMR vaccine are required for those students born after 1970. If born prior to 1970, please provide written confirmation and laboratory evidence of having had Rubella and measles. If required do both: Rubella IgG & Rubeola IgG Titres	Date first dose vaccine: Date second dose vaccine: Titre if applicable:	Name (print): Signature: Date:
Hepatitis B	Hepatitis B vaccination and follow-up proof of immunity is mandatory for health care students. If boosters have been provided to obtain immunity, please indicate	Dates of vaccination: #1: #2: #3: Healthcare students must attach HBsAB results.	Name (print): Signature: Date:

VACCINE	REQUIREMENTS / INDICATIONS	DOCUMENTATION / RESULTS	HEALTHCARE PROVIDER
Varicella (Chicken Pox)	<p>It is recommended that all health care students be screened and vaccinated if required.</p> <p>Adults require two doses of varicella vaccine if not immune.</p> <p><u>Social Sciences Programs</u> A self-reported history of varicella (after the age of one year) is considered a reliable history for individuals born before 2004 (with the exception of healthcare students).</p>	<p>Date first dose vaccine:</p> <p>Date second dose vaccine:</p> <p>Attach Varicella IgG titre results (required for healthcare students only)</p>	<p>Name (print):</p> <p>Signature:</p> <p>Date:</p>
Tuberculosis	<p>A 2-step Mantoux test is required.</p> <p>A chest x-ray is required if you test positive. The x-ray must have been done within the last year.</p> <p>If required:</p> <p>Date of chest x-ray:</p> <p>Results:</p>	<p>Step 1</p> <p>Date planted:</p> <p>Date of results:</p> <p>mm of induration:</p> <p>Step 2</p> <p>Date planted:</p> <p>Date of results:</p> <p>mm of induration:</p>	<p>Name (print):</p> <p>Signature:</p> <p>Date:</p>
Influenza (Available October – February)	<p>Annual influenza immunization is highly recommended for all students.</p> <p>When influenza precautions are required, healthcare students who have not received the current influenza vaccine must wear a surgical mask at all times when within 6 feet of a patient.</p>	<p>Date of last vaccination: (If applicable)</p>	<p>Name (print):</p> <p>Signature:</p> <p>Date:</p>
Medical/Physical Examination	<p>Certain practicum hosts, such as nursing homes, require students to have a comprehensive medical/physical examination.</p> <p>Medical/Physical not required for Health related programs.</p>	<p>Medical/physical information remains with the health care professional and is not submitted to NBCC.</p>	<p>Name (print):</p> <p>Signature:</p> <p>Date:</p>
COVID 19	<p>Certain practicum hosts, such as nursing homes, require students to have COVID 19 vaccines.</p> <p>Attach a copy of your vaccination record with your immunization form.</p>	<p>Dose 1</p> <p>Date:</p> <p>Dose 2</p> <p>Date:</p>	<p>Name (print):</p> <p>Signature:</p> <p>Date:</p>