

St. Lawrence College Immunization - Communicable Disease Form

Immunization Screening Process

Students entering any of the following programs at St. Lawrence College are required to provide proof of immunization. For all students the absence of documentation may result in the student being deemed ineligible for clinical/practical/laboratory participation. This form is for students in the following programs:

<ul style="list-style-type: none">• Biotechnology• Communicative Disorders Assistant• Therapeutic Recreation	<ul style="list-style-type: none">• Community and Justice Services• Social Services Worker
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Steps to follow – Please read carefully

1. Read through the entire form so **you** understand what is required to complete this form.
2. Do not wait to start this process. Bloodwork and immunizations can take a number of appointments.
3. Obtain **immunization records** from one of these sources:
 - a. Local Public Health Unit – this is the easiest and most reliable form
 - b. Yellow Immunization card
 - c. Contact your family doctorIf you are unable to obtain records, contact your campus designee as noted below.
4. Book an appointment with your health care provider for **bloodwork** and any missing immunizations. TB skin testing is required in addition to your immunizations.
5. Follow-up with your health care provider regarding bloodwork results to check if you need boosters.
6. Attach copies of immunization records and bloodwork results.
7. It is important to fill this form out correctly and completely, please email us with any questions at Immunizations@sl.on.ca

Note for International students: According to the Public Health Agency of Canada, “**Vaccination will only be considered valid if there is written documentation of administration of vaccine at ages and intervals comparable with the Canadian immunization schedule.**”

This means that:

- Without documentation of dates and immunizations, you will need to complete an adult catch-up series.
- If your immunizations do not match the Canadian immunization schedule, a booster will be required.

Please forward program required immunization documentation to your designated St. Lawrence College Campus as soon as possible for processing (via fax, mail, or email):

St. Lawrence College
Bonnie MacLeod
2288 Parkedale Avenue
Brockville, Ontario K6V 5X3
T: (613) 345-0660 Ext. 3212
Fax: (613) 345-0124

St. Lawrence College
Student Placement Facilitator
2 St. Lawrence Drive
Cornwall, Ontario K6H 4Z1
T: (613) 933-6080
Ext. 2377 / 2378
Fax: (613) 937-1523

St. Lawrence College
Campus Health Centre
100 Portsmouth Avenue
Kingston, Ontario K7L 5A6
T: (613) 544-5400 Ext. 1136
Fax: (613) 545-3931

St. Lawrence College is committed to making our resources usable by all people, whatever their abilities or disabilities. This information will be made available in alternative format upon request.

St. Lawrence College Immunization - Communicable Disease Form

Last Name:		First Name:	
Date of Birth (m/d/y):		Health Card Number:	
Local Address: Apt and Street		City:	Province:
Postal Code:		Cell Phone #:	
Program:		Student Number:	

Student Consent for Release of Information

I understand and agree that my immunization record will be recorded in the Campus Health Centre Electronic Medical Records system and only accessible to Campus Health Centre Personnel.

Signature: _____ Date (m/d/y): _____

Tuberculosis – Tuberculin Skin Test (TST) * Do not give MMR/Varicella until TST is completed *

TB test	Date given m / d / y	Date read m / d / y 48-72hrs later	Result: mm Induration	HCP initials
Step 1				
Step 2 (1-3 wks later)				
Annual 1-step (if required)				

A 2-step TST is required regardless of BCG vaccination.

A 2-step TST is required once in a lifetime.

If a 2-step TST was completed previously and documentation can be provided, a 1-step TST can be completed annually. The 2-step TST should be 1-3 weeks apart with each test read within 48-72 hours. A 1-step TST is required if it has been more than 12 months since the 2-step TST.

A 10 mm or more induration is positive. If either TST is positive, a copy of completed chest x-ray report (within the last 12 months) must be attached to this form.

Chest x-ray: Required only if TST is equal or > 10mm

Copy of positive TST Document attached (**Mandatory**)

Copy of chest x-ray Report attached (**Mandatory**)

If you have **documented** history of a previous **positive** TST, a TST is **not required**. Instead, a chest x-ray is required within the last 12 months and must be attached to this form.

Varicella Vaccine

Note: Varicella and MMR should be given on the same day or 4 weeks apart and after TST has been completed.

Documentation of 2 varicella vaccines are required. Those who received only one dose of varicella vaccine should be given a second dose. If no records available, bloodwork to determine immunity to varicella is required.

1. Copy of records attached (**Mandatory**) Dose #1 Date (m/d/y): _____ Dose #2 Date (m/d/y): _____

OR

2. Copy of lab results attached (**Mandatory**) Date drawn: _____

Results: Reactive Non-Reactive or Indeterminate

If you are not immune, 2 doses are required: Dose #1 Date (m/d/y): _____ Dose #2 Date (m/d/y): _____

Measles, Mumps, Rubella Vaccine (MMR)

Note: MMR and Varicella should be given on the same day or 4 weeks apart and after TST has been completed

Documentation of 2 MMR is required. If one vaccine was **measles only**, an MMR booster is required.
If no records available, blood work to determine immunity to measles, mumps, and rubella is required.

1. Copy of records attached (**Mandatory**) Dose #1 Date (m/d/y): _____ Dose #2 Date (m/d/y): _____

OR

2. Copy of lab results attached (**Mandatory**) Date drawn: _____

Results: Measles: Reactive Non-Reactive or Indeterminate
Mumps: Reactive Non-Reactive or Indeterminate
Rubella: Reactive Non-Reactive or Indeterminate

If you are not immune, a booster is required: MMR Booster: Date (m/d/y): _____

Polio Vaccine

Documented proof of a primary series is required **OR** an adult catch-up series is required.

Polio vaccine series consists of 4 or 5 doses, it is required you have received **1 dose of polio (IPV) over 4 years old**

1. Do you have documented proof of completed primary series?

YES COPY OF RECORD ATTACHED (**MANDATORY**)
or NO If no records of any vaccines, an adult primary series is required (see section below)

Dose #1: Date (m/d/y): _____ (2 months)

Dose #2: Date (m/d/y): _____ (4 months)

Dose #3: Date (m/d/y): _____ (6 months)

Dose #4: Date (m/d/y): _____ (18 months)

Dose #5: Date (m/d/y): _____ (4-6 years old) – if no record of IPV after 4 years old, an IPV booster is required

Tetanus/Diphtheria/Pertussis Vaccine

Documented proof of a primary series is required **OR** an adult catch-up series is required.

A single dose of Pertussis is required for all adults.

1. Do you have documented proof of completed primary series?

YES COPY OF RECORD ATTACHED (**MANDATORY**)
or NO If no records of any vaccines, an adult primary series is required (see below)

2. Last tetanus vaccine must be within the last **10 years**

Date (m / d / y): _____ Type of vaccine given _____ COPY OF RECORD ATTACHED (**MANDATORY**)

Adult catch-up series 1st dose (Adacel or Boostrix-IPV) Date: _____ By _____ RN / MD

2nd dose (Td-IPV – 2 months after 1st visit) Date: _____ By _____ RN / MD

3rd dose (Td-IPV – 6-12 months after 2nd visit) Date: _____ By _____ RN / MD

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Hepatitis B Vaccine

Students who are non-reactive to hepatitis B despite completing the initial vaccine series are required to have a booster dose and repeat bloodwork to confirm immunity.

If a student continues to be non-reactive, the student will need to complete a second hepatitis B vaccine series.

Unimmunized adults require a 3 dose series. Schedule: 0 month, 1 month, and 6 months

Initial Vaccination series (2 or 3 dose series)

If required: Repeat Hepatitis B vaccination series

Dose #1: Date (m/d/y): _____

Dose #1: Date (m/d/y): _____

Dose #2: Date (m/d/y): _____

Dose #2: Date (m/d/y): _____

Dose #3: Date (m/d/y): _____

Dose #3: Date (m/d/y): _____

Hepatitis B immunity (at least 30 days after last dose)

Repeat Hepatitis B immunity (at least 30 days after last dose)

Copy of lab results attached (**Mandatory**)

Copy of lab results attached (**Mandatory**)

Date drawn: _____

Date drawn: _____

Results: Reactive Non-Reactive

Results: Reactive Non-Reactive

Meningococcal Vaccine

Men-C-A,C,Y,W-135 Date (m/d/y): _____

Students are required to provide proof of receiving a dose of Men-C-ACYW-135 (menactra) on or shortly after their 12th birthday.

COPY OF RECORD ATTACHED (**MANDATORY**)

Attesting Signature of Health Care Professional (HCP)

Name: _____

Stamp:

Signature: _____

St. Lawrence College maintains compliance with all privacy requirement; including the Freedom of Information and Protection of Privacy Act (FIPPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the Personal Health Information Privacy Act (PHIPA). The Privacy Commissioner of Ontario can be reached at 1800-387-0037.