

## IMPORTANT INSTRUCTIONS TO COMPLETING ENTRY IMMUNIZATION RECORD

#### Please read and follow each step below very carefully:

- Before calling your healthcare provider, be sure that <u>you</u> have read through the entire Entry Immunization Form, so that <u>you</u> understand what is required.
- **2.** Next, call your healthcare provider to book an appointment for bloodwork. Most students will also require TB testing (see form for direction).
- **3.** Once bloodwork has been completed, be sure your healthcare provider follows up with you regarding your results and provides any booster injections, as needed, **and records the dates on your form.**
- 4. Copies of all bloodwork, chest x-ray (if required) results <u>must be</u> recorded on and attached to the form. Be sure to "sign and date" your form. (Located at the very bottom of the form (backside).
- 5. Do <u>not</u> submit your form until <u>all required sections are complete</u>. If your doctor is submitting the form on your behalf, it is imperative that you review the form prior to sending ensuring that all sections are complete. If we receive an "incomplete" form from your doctor after December 18<sup>th</sup>, you will be charged \$50.00, as it is your responsibility for completeness, not your doctor.
- 6. Mail, fax or drop forms off in person to Health Services by <u>Friday, December 18<sup>th</sup></u> (4:30pm). Forms received <u>after December 18<sup>th</sup></u> will be charged a <u>\$50.00</u> <u>"incomplete/late processing fee.</u> Incomplete forms "re-submitted" for review after December 18<sup>th</sup> will also be subject to the \$50.00 charge. Be sure to <u>keep a copy of all forms</u> sent for your records.

'If you are unable to participate in immunizations due to a "medical contraindication(s)", please contact your Program Coordinator ASAP, as obtaining a placement may not be possible due to strict regulations of certain agencies. Failure to participate in placement may also prevent you from meeting the necessary requirements of your program.'

Please call or email us anytime with questions or assistance you may require in completing this process. Thank you.

#### Leslie Gifford, RN BN

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### **IMPORTANT INSTRUCTIONS TO STUDENTS:**

Completing the attached Entry Immunization Form is **mandatory** for the program you are enrolled in.

The deadline date to submit your form is **Friday, December 18<sup>th</sup>, 2015 (4:30pm).** You need to begin this process **immediately**, as it can take up to several weeks/months to complete. Failing to meet the above deadline date may jeopardize your ability to attend placement.

If you have received this package and are a **"returning" student,** please call Health Services before beginning the process, as repeating bloodwork/other testing may not be necessary.

### <u>"NEW"</u>

All incomplete immunization forms received <u>after December 18<sup>th</sup></u> will be charged a <u>\$50.00</u> <u>incomplete/late processing fee</u> that will be applied automatically to your student account.

Incomplete forms "re-submitted" for review after December 18<sup>th</sup> will also be subject to the \$50.00 charge.

**Instructions** for completing the form can be found on the accompanying pages.

#### Sample Form:

To view a sample of what a completed form looks like, please visit the Health Services website: http://www.flemingc.on.ca/services/health-services. Keep in mind, your form will differ slightly from the sample form depending on your program, individual bloodwork results, etc.

#### HEALTH SERVICES IS HERE TO HELP:

Health Services' staff will be pleased to answer any questions you have about completing this process. When you have submitted your form (ahead of the December 18<sup>th</sup> due date) staff will review your form and identify any incomplete sections to you. This will allow you the opportunity to re-submit your form with the completed information by the December 18<sup>th</sup> deadline date. We want to work with you and assist you in meeting the deadline.



# **ENTRY IMMUNIZATION RECORD**

MUST BE RECEIVED BY: Friday, December 18, 2015 (4:30pm)

\$50.00 incomplete/late processing fee charged to student account if forms received after December 18<sup>th</sup>

#### Do NOT submit your form until all required sections are complete.

PLEASE PRINT Last Name:	Given Name(s):		_Program:	
Date of Birth (dd/mm/yyyy):	Student #:	Health	Card #:	
Admission Date (mm/yyyy):	Phone #: home	work	cell	

# Mantoux (TB) Skin Testing (two Injections) – <u>Mandatory all programs</u> (if previous positive skin test, then chest x-ray only required.)

After receiving your first injection, injection #2 must be administered **7 to 28 days** later. Results must be measured in mm. If two injections were administered previously, following the above protocol, simply record dates below (repeating both injections are **not** required).

Date: Step #1 (dd/mm/yyyy)	Date Read: (dd/mm/yyyy)	Results in mm:
Date: Step #2 (dd/mm/yyyy)		
(7 – 28 days apart)	Date Read: (dd/mm/yyyy)	Results in mm:
If Mantoux Test is Positive: Chest x-ray required		
Date of x-ray: (dd/mm/yyyy)	Result (record & attach copy):	
Did the student receive prophylactic treatment (INH?)		
□ Yes □ No		
Has the student had a BCG vaccination?  Yes  No		
Any current signs and symptoms of active TB?		

**Important Note Regarding TB Testing Only**: Identified programs listed below will also be required to have an Annual Mantoux (TB) Single Injection if the dates of previous Skin tests (above) are greater than 12 months.

#### "Practical Nursing, Personal Support Worker, Child & Youth Worker, Developmental Service Worker"

Annual Mantoux (TB) Single Injection		
Date: (dd/mm/yyyy)	Date Read: (dd/mm/yyyy)	Results in mm:

#### Bloodwork - Red Measles, Mumps, Rubella (German Measles) – MMR – Mandatory all programs

Bloodwork testing immunity must be done within six months of starting school. Blood tests must cover <u>measles</u>, <u>mumps and rubella</u>. Record and attach copy of bloodwork results to form.

MMR Bloodwork Date: (dd/mm/yyyy)	Measles Bloodwork Result:
	Mumps Bloodwork Result:
	Rubella Bloodwork Result:
*MMR Booster Date: (dd/mm/yyyy)	*Required if any bloodwork results above indicate "non-
	reactive", "non-immune" or "indeterminate".

#### Bloodwork - Varicella (Chicken Pox or Shingles) – Mandatory all programs

Bloodwork testing immunity must be **done within the past six months of starting school. Record and attach copy of bloodwork results to form.** 

Varicella Bloodwork Date: (dd/mm/yyyy)	Bloodwork Result:
*Dose # 1: (dd/mm/yyyy)	*Required if varicella bloodwork results above indicate "non-
*Dose # 2: (dd/mm/yyyy)	reactive" or "non-immune" or "indeterminate".

# Diphtheria/Tetanus/Acellular Pertussis/Polio (DTaP – IPV) Primary Series and Current Booster – <u>Mandatory all</u> programs

Documentation of completed primary series is required (doses #1 – 5 below). Record of most recent booster of Td or Tdap in the last 10 years is also required. These records can be obtained from a yellow immunization card or by contacting the local Public Health Unit where you last attended school or family physician. To locate an Ontario Public Health Unit nearest you, visit the website: http://www.health.gov.on.ca/en/common/system/services/phu/

Note: Students who will be attending placement within an Ontario hospital setting should ensure that they have received a minimum of one Tdap (Adacel/Boostrix) booster dose, to satisfy the pertussis surveillance protocol for Ontario hospitals, as per OHA/OMA guidelines.

Primary Series (doses 1 – 5 below)	
Dose # 1: (dd/mm/yyyy)	2 months
Dose # 2: (dd/mm/yyyy)	4 months
Dose # 3: (dd/mm/yyyy)	6 months
Dose # 4: (dd/mm/yyyy)	18 months
Dose # 5: (dd/mm/yyyy)	5 years
Td Booster: (dd/mm/yyyy)	
OR	
Tdap Booster: (dd/mm/yyyy)	
(healthcare students)	
*Nursing & Personal Support Worker students* – if primary series dates do not include Polio, a Polio (IPV) booster is required. Date: (dd/mm/yyyy)	

#### Hepatitis B – Mandatory only for programs below:

Students in Nursing, Personal Support Worker, Child & Youth Worker, and Developmental Service Worker Programs must have bloodwork testing immunity done within the past six months of starting school. Documentation of Hepatitis B vaccinations for these programs is also required. For all other programs, Hepatitis B vaccinations are not mandatory, but strongly recommended. Record and attach copy of bloodwork results to form.

Hepatitis B Vaccine	Dose # 1: (dd/mm/yyyy)	Dose # 2: (dd/mm/yyyy)	Dose # 3: (dd/mm/yyyy)
Hepatitis B Bloodwork (HbsAb)	Date of Bloodwork: (dd/mm/yyyy)	Bloodwork Result:	
Hepatitis B Booster Dose Required if bloodwork result is < 10 iu/ml	Date: (dd/mm/yyyy)		

#### **RELEASE OF INFORMATION**

The information on the Entry Immunization Record is confidential. The majority of placement agencies require this information, in order to ensure that students are free from and protected against communicable diseases. Fleming College has responsibility for ensuring that each student complies with these guidelines. By signing the Entry Immunization Form, you will be giving Fleming College Health Services' Department permission to release this form and any supporting documentation to your School Office Designate(s). They may share this information with a placement agency for purposes of assisting you in securing your placement. This form <u>will not</u> be retained by Health Services, so be sure to retain a copy for your own personal records, as you may be required to submit it to your placement agency. Failure to complete this form and provide the required documentation may prevent you from obtaining a placement due to the strict regulations of certain agencies.

Signature	of Student:	
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