

INSTRUCTIONS FOR COMPLETING THE ENTRY IMMUNIZATION FORM (EIF)

Students: Please take this entire form with you to your Health Care Provider for completion

This is your Entry Immunization Form (EIF). This form is a prerequisite for students attending placements where communicable disease surveillance protocols and health legislation exist.

Please ensure this form is complete and legible.

You will need your immunization records to complete this form. If you attended school in Ontario, your childhood immunization records may be obtained by calling Durham Health Connection Line at 905-666-6241 or 1-800-841-2729 or online at <https://drhd.icon.ehealthontario.ca/#!/welcome>

For other provinces please contact your local Public Health Department.

International Students: If you do not have documentation of childhood vaccinations, bloodwork will be taken to check your immunization status.

This form follows the standards outlined in the Canadian Immunization Guide, the Ontario Hospital Association, the Ontario Medical Association, and the Durham Region Health Department.

VACCINE REQUIREMENTS / EXCEPTIONS BY PROGRAM

CTMG/ESMG – only the following portions of this form are required:

- Tetanus, Diphtheria - Part B.2;
- Hepatitis B - Part B.6;
- Tb surveillance - Part C;
- Signatures/Stamps – Part E.

Dental Reception – Hepatitis B is not mandatory

Paramedics – require a new, complete EIF annually, previous bloodwork may be used.

ALL other programs are required to complete the entire form at the start of each program.

ENTRY IMMUNIZATION FORM REQUIREMENTS

PART A: Student must complete all related fields.

PART B – E: Must be completed by a physician or nurse.

B.1 COVID-19

- As of September 2021, 2 doses of a WHO (World Health Organization) approved COVID-19 vaccine must be administered to be considered fully vaccinated (14 days post second dose).
- Required for some placements. Please check with your placement officer to determine if you need to have COVID-19 vaccination for placement.
- Serology tests for immunity are not currently acceptable to prove immunity for persons diagnosed COVID-19 positive infection.

B.2 Tetanus

- TdaP or Td is due every ten years and must be valid throughout the program.

B.3 Polio

- Must be after 4th birthday.
- Oral Polio after 4th birthday is acceptable for International Students.



B.4 Varicella (Chicken Pox)

- Serology testing is required to determine evidence of immunity when 2 doses of the vaccine have not been given.
- Two (2) doses of Varicella vaccine must be given if there is inadequate immunity.
- Dose #2 must be administered at least 4 weeks after 1st dose.
- If Varicella is required it will be administered at the end of Tb testing

B.5 Measles, Mumps, Rubella

- Two (2) doses of MMR are required. (Measles only is not sufficient) **or**
- Serology results to indicate immunity to **each** of Measles, Mumps and Rubella.
- Serology testing will be done for all international students
- One (1) MMR booster must be given if there is inadequate immunity.
- If MMR was given in 1996, verify the vaccine was MMR and not Measles only.
- Dose #2 must be administered at least 4 weeks after 1st dose.
- If MMR is required it will be administered at the end of Tb testing

B.6 Hepatitis B

- Serology testing is required to determine evidence of immunity.
- If a series of two (2) Hepatitis B vaccinations were given in school and serology testing shows inadequate immunity, a booster dose is to be given followed by serology 1 month later. If the second serology testing still shows inadequate immunity the vaccination series must be repeated.
- If a series of three (3) Hepatitis B vaccinations were given and serology testing show inadequate immunity the series of 3 vaccinations must be repeated.
- If after the 2nd series there is still inadequate immunity the student is considered a non-responder.
- The series of 3 vaccinations must be started prior before submitting this form, if there is inadequate immunity.
- It is the student's responsibility to complete the series.

C. Tuberculosis Skin Testing (Mantoux - TST)

- A 2-step tuberculosis skin test is required for all students admitted to the program. The 2nd step is given 7 - 21 days after the 1st step. TB Tests are valid for 1 year.
- If the student has had a 2-step TB test, proof must be provided and a 1-step test will be required.
- If the student has a positive TB test (>10mm) the test should never be repeated. A chest x-ray report or IGRA testing less than one-year-old must be provided.
- If the student has a history of a positive TB test or TB infection, TB testing should not be done. Documentation of the positive test and a negative chest x-ray report or IGRA testing less than 1-year-old must be provided.
- A history of BCG vaccination must be documented. **TB testing is mandatory regardless of BCG history.**
- IGRA testing within 1 year, will be accepted in place of TST. **A copy of the test results must be attached.** Note: any costs associated with IGRA testing are the responsibility of the student.

D. Influenza (flu) vaccine is recommended between October – May. This is an annual vaccine.

E. A signature and contact information of the physician or nurse completing any part of this form must be entered.

For more information or to request alternate formats of this form for accessibility, please contact your field placement officer. All information must be transcribed to this form. Supporting documents alone will not be accepted.

PART A: STUDENT PERSONAL INFORMATION (to be completed by student)

Last Name: _____ First Name: _____
 Student Banner Number: _____ Date of Birth (yyyy-mm-dd): _____
 Program of Study: _____
 Faculty Office: _____ Date: _____

NOTE: After Part A above has been completed, you must print this form and take it with you to your scheduled appointment with the physician or nurse.

PART B: IMMUNIZATION REQUIREMENTS

The remainder of this form is to be completed by a Physician or Nurse

B.1 COVID-19

Immunization	Date Given (yyyy-mm-dd)	Vaccine Name Administered
1		
2		
Booster – dose 3, if applicable		
Booster – dose 4, if applicable		

Reasons for delay of vaccine if applicable (ie: exemption from vaccine):

Student First Name: _____ Student Last Name: _____

B.2 Tetanus, Diphtheria (Is valid for 10 years)

Immunization	Date Given (yyyy-mm-dd)
Tetanus, Diphtheria, Pertussis (TdaP)	
Tetanus, Diphtheria (Td)	

B.3 Polio (Must be after 4th birthday)

Immunization	Date Given (yyyy-mm-dd)
Polio	

B.4 Varicella (2nd dose must be administered at least 4-6 weeks after the 1st dose if inadequate immunity)

Immunization	Date Given (yyyy-mm-dd)	Results
Varicella Titre		<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Non-Reactive

OR

Immunization	Date Given (yyyy-mm-dd)
Varicella Dose #1 Date	
Varicella Dose #2 Date	

B.5 Measles, Mumps, Rubella (Booster dose must be administered if inadequate immunity)

Immunization	Date Given (yyyy-mm-dd)	Results
Measles Titre		<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Non-Reactive
Mumps Titre		<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Non-Reactive
Rubella Titre		<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Non-Reactive

OR

Immunization	Date Given (yyyy-mm-dd)
MMR Dose #1	
MMR Dose #2	
MMR Booster (if needed)	

Student First Name:

Student Last Name:

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B.6 Hepatitis B (Hepatitis B Blood work must be completed, and results transcribed below) If the titre results show non-immune, the series must be given or repeated and additional blood work 1-month post-second series is required.

Section A: Must complete all of Section A.

Immunization	Date Given (yyyy-mm-dd)	Results
Hepatitis B Titre		<input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune

AND

Immunization	Date Given (yyyy-mm-dd)
Hepatitis B Dose #1	
Hepatitis B Dose #2	
Hepatitis B Dose #3	

If Non-Immune in Section A, please complete Section B.

Section B: Second Series

Immunization	Date Given (yyyy-mm-dd)	Results
2 ND Series Hepatitis B Titre		<input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune

AND

Immunization	Date Given (yyyy-mm-dd)
2 ND Series Hepatitis B Dose #1 Date	
2 ND Series Hepatitis B Dose #2 Date	
2 ND Series Hepatitis B Dose #3 Date	

Student First Name:

Student Last Name:

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PART C: TUBERCULOSIS SURVEILLANCE REQUIREMENTS
C.1 History

Student's country of birth:

	Vaccine Received	Date Received (yyyy-mm-dd)
BCG Vaccine (TB Testing is mandatory regardless of BCG history)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	History of TB Infection	Date of Treatment (yyyy-mm-dd)
TB Infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	History of Positive TB Test	Date of Treatment (yyyy-mm-dd)
TB Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	

C.2 2-Step Tuberculosis (Tb) Skin Test (TST- Mantoux)

- 2-Step TB testing is mandatory. The TB test is valid for 1 year.
- Each TB test is to be read 48 - 72 hours after planting.
- The 2nd step is to be planted 7 - 21 days after the 1st step.
- A Chest X-Ray report or IGRA testing of less than 1-year-old must be attached for any positive TB test (previous or current) or a history of TB infection.

Step	Date Given (yyyy-mm-dd)	Site	Date Read (yyyy-mm-dd)	Results in MM	Signature
Step 1		<input type="checkbox"/> Left <input type="checkbox"/> Right			
Step 2		<input type="checkbox"/> Left <input type="checkbox"/> Right			

C.3 Step Tuberculosis Skin Test (Valid only with proof of previous negative 2-Step TB Test)

Step	Date Given (yyyy-mm-dd)	Site	Date Read (yyyy-mm-dd)	Results in MM	Signature
Step 1		<input type="checkbox"/> Left <input type="checkbox"/> Right			

C.4 IGRA Blood Test (if applicable)

Report	Date Given (yyyy-mm-dd)	Results
Report Attached		

C.5 Chest X-Ray Report (only if required after a positive TST test)

Report	Date Given (yyyy-mm-dd)	Results
Report Attached		

Student First Name:

Student Last Name:

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PART D: INFLUENZA VACCINE

This vaccine is available annually between October and May. It is not mandatory but highly recommended. If there is an influenza outbreak at your placement facility and you have not been vaccinated, you may not be allowed to attend that placement.

Vaccinations	Vaccine Received	Date Received (yyyy-mm-dd)
Influenza Vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART E: CLINIC STAMP AND SIGNATURE OF PHYSICIAN OR NURSE

Please place a clinic stamp or write the clinic address with postal code and phone # in the box below:

Physician or Nurse Name: _____

Signature: _____ Date (yyyy-mm-dd): _____

Notice of Collection

All documentation of records submitted to or created by the Campus Health and Wellness Centre (CHWC) are the property of the client/patient and the Campus Health Centre is the custodian of that information.

All records are maintained in a confidential manner in accordance with the Personal Health Information Protection Act (PHIPA) S.O. 2004 Chapter 3, Schedule A, Part IV (Collection, Use and Disclosure of Personal Health Information), and Health Care Consent Act 1996, Regulated Health Professionals Act 1993, the Mental Health Act 2002 and the policies of Durham College.

Student First Name:

Student Last Name:

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