**Entry Immunization Form**

### A. Personal Information

<table>
<thead>
<tr>
<th>Last Name: __________________________</th>
<th>First Name: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth: ____________________</td>
<td>Student #: _________________________</td>
</tr>
</tbody>
</table>

### B. Program Information: Please check Program of Study

**School of Business, IT and Management (Attention: Karen Anderson)**

- [ ] Office Administration- Health Services

**School of Continuing Education (Attention: Laurel Kimball)**

- [ ] Dementia Studies
- [ ] Early Childhood Education
- [ ] Mental Health Nursing
- [ ] Oncology Nursing
- [ ] Palliative Care Nursing
- [ ] Perinatal/Obstetrical Nursing
- [ ] Social Service Worker
- [ ] Victimology

**School of Health and Community Services (Attention: Documentation Officer)**

- [ ] Activation Coordination in Gerontology
- [ ] Addictions and Mental Health
- [ ] Child and Youth Worker
- [ ] CICE
- [ ] Communicative Disorders Assistant
- [ ] Dental Assisting
- [ ] Dental Hygiene
- [ ] Dental Reception and Administration
- [ ] Developmental Service Worker
- [ ] Early Childhood Education
- [ ] Fitness and Health Promotion
- [ ] OTA/PTA Worker
- [ ] Personal Support Worker
- [ ] Practical Nursing
- [ ] Social Service Worker
- [ ] Other

**School of Justice and Emergency Services (Attention: Documentation Officer)**

- [ ] Advanced Care Paramedic
- [ ] Advanced Law Enforcement and Investigations
- [ ] Paramedic
- [ ] Victimology
- [ ] Youth Justice and Interventions

**School of Science and Engineering Technology (Attention: Documentation Officer)**

- [ ] Biomedical Engineering Technology

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C. Immunization Requirements

C.1 Tetanus, Diphtheria

□ Tetanus, Diphtheria, Pertussis (TdaP)
□ Tetanus, Diphtheria (Td)

Date of last booster:____________________________________________
(Valid for 10 years and must not expire before the end of your program)

C.2. Polio

□ Date of last booster:____________________________________________
(Must be after 4th birthday)

C.3. Varicella

□ Dates of 2 Vaccinations
   1) __________________________________________________________
   2) __________________________________________________________ (at least 4 weeks after 1st dose)
   OR

□ Proof of Immunity
   Varicella titre level: ___________________________ Date:______________

C.4 Measles, Mumps, Rubella

□ Dates of 2 Vaccinations
   1) __________________________________________________________
   2) __________________________________________________________ (at least 4 weeks after 1st dose)
   □ If MMR was given in 1996, check box to verify the vaccine was MMR and not Measles only.
   OR

□ Proof of Immunity
   Measles titre: ___________________________ Date:______________
   Mumps titre: ___________________________ Date:______________
   Rubella titre: ___________________________ Date:______________

□ MMR booster date: ___________________________
(required if there is inadequate immunity)

C.5 Hepatitis B

□ Proof of Immunity must be provided
   Hepatitis B titre: ___________________________ Date:______________
   If serology testing shows inadequate immunity after immunization, the Hepatitis B series must be repeated.
□ Proof of Immunization (if inadequate immunity)
   1) __________________________________________________________
   2) __________________________________________________________
   3) __________________________________________________________
Tuberculosis Surveillance Requirements

D.1 History

Country of Birth: __________________________________________________________

BCG Vaccine given: (TB testing is mandatory regardless of BCG history)
☐ No  ☐ Yes- date:____________________________________________

History of TB Infection:
☐ No  ☐ Yes-date of treatment:_________________

History of positive TB test:
☐ No  ☐ Yes- date:____________________________________________

D.2 2-Step Tuberculosis Skin Test (Mantoux)

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

<table>
<thead>
<tr>
<th>Date- Step 1</th>
<th>Site</th>
<th>Date Read</th>
<th>Result in mm</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date- Step 2</td>
<td>Site</td>
<td>Date Read</td>
<td>Result in mm</td>
<td>Signature</td>
</tr>
</tbody>
</table>

D.3 1-Step Tuberculosis Skin Test (Valid only with proof of previous negative 2-Step TB Test)

<table>
<thead>
<tr>
<th>Date</th>
<th>Site</th>
<th>Date Read</th>
<th>Result in mm</th>
<th>Signature</th>
</tr>
</thead>
</table>

D.4 Chest X-Ray Report (only if required)

☐ Report Attached

E. Recommended Vaccinations

☐ Influenza- This vaccine is available between October and May. It is not mandatory but highly recommended. If there is an outbreak at your placement facility and you have not been vaccinated, you may not be allowed to attend that placement. Date given:____________________________________________

☐ Bacterial Meningococcal Vaccine (Menactra or Menveo, and Bexsero). These vaccines are not mandatory but recommended. Date given:____________________________________________

F. Clinic Stamp and Signature of Physician or Nurse

Signature_____________________________________________ Date: ____________________
Instructions for Completing the Entry Immunization Form

STUDENTS: Please take this form with you to your Health Care Provider

This is your Entry Immunization Form. This form is a prerequisite for students attending placements where communicable disease surveillance protocols and health legislation exist. Please ensure the form is complete and legible. **You will need your immunization records to complete this form.** If you attended school on Ontario, your childhood immunization records may be obtained by calling Durham Health Connection Line at 905-666-6241 or 1-800-841-2729. For other provinces please contact your local Public Health Department.

This form follows the standards outlined in the Canadian Immunization Guide 2016, the Ontario Hospital Association the Ontario Medical Association and the Durham Region Health Department.

An Informed Consent must be filled out at the Campus Health Centre for Immunization Exemption. Immune status is required via blood titre levels and a record of past vaccinations must be provided for the Informed Consent to be processed. TB testing is mandatory.

**Entry Immunization Form requirements:**

C.1 Tetanus,Diphtheria,Pertussis (TdaP) or Tetanus,Diphtheria (Td)
   - TdaP or Td is due every ten years and must be valid for the entire length of the program.

C.2 Polio
   - Polio booster given after the student’s 4th birthday is required.

C.3 Varicella (Chicken Pox)
   - Two (2) doses of the Varicella vaccine are required **OR**
   - Serology results to indicate immunity to Varicella.
   - Two (2) doses of Varicella vaccine must be given if there is inadequate immunity.

C.4 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.
   - One (1) MMR booster must be given if there is inadequate immunity.

C.5 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 shows 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 to admission if there is inadequate immunity.
   - It is the student’s responsibility to complete the series.
   - The Hepatitis B series is not mandatory (but recommended) for Dental Reception and Administration.

D. Tuberculosis Skin Testing (Mantoux)
   - A two-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 previous 2-step TB test, proof of that 2-step must be provided along with the current 1-step test.
   - If the student has a positive TB test (>10mm) the test should never be repeated. A chest x-ray report less than one year old must be attached.
   - If the student has a history of a positive TB test or TB infection, TB testing should not be done.
   - Documentation and a chest x-ray report less than 1 year old must be attached.
   - A history of BCG vaccination must be documented. TB testing is still mandatory.