

Students:

- Please read pages 7 & 8 before proceeding with the completion of this form.
- Please contact your field placement officer if you require assistance.
- All information must be transcribed to this form. Supporting documents alone will not be accepted.

Part A: Personal Information (To be completed by student):

Student Last Name: First Name:
 Date of Birth (yyyy-mm-dd): Student ID Number:

Part B: Program Information (To be completed by student):

Faculty (please select one):
 Program of Study:

Part C onwards is to be completed by a physician/nurse.

(Please refer to attached instructions)

Part C: Immunization Requirements

C.1 COVID-19

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

Reason for delay of vaccine, if applicable (i.e., exemption from the vaccine):

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

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

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

Immunization	Date Given (yyyy-mm-dd)
Polio	

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

Immunization	Date (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	

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

Immunization	Date (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 Date	
MMR Dose #2 Date	
MMR Booster (if needed) Date	

C.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 (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 Date	
Hepatitis B Dose #2 Date	
Hepatitis B Dose #3 Date	

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

Section B:

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

And

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

Part D: Tuberculosis Surveillance Requirements
D.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 Test (yyyy-mm-dd)
TB Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 2-Step TB testing is mandatory
- 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.
- The TB test is valid for 1 year.
- **A Chest X-Ray report 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			

D.3 1-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			

D.4 IGRA Blood Test (if applicable)

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

D.5 Chest X-Ray Report (only if required)

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

Part E: Recommended Vaccinations

Influenza Vaccine – This vaccine is available 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.

- **Bacterial Meningococcal Vaccine** (Menactra or Menveo, and Bexsero).
These vaccines are not mandatory but recommended.

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

Part F: 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):

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.

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.

Entry Immunization Form requirements:

C.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).
- Serology tests for immunity are not currently acceptable to prove immunity for persons diagnosed COVID-19 positive infection.

C.2 Tetanus, Diphtheria, Pertussis (Tdap) or Tetanus, Diphtheria (Td)

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

C.3 Polio

- Date of Polio vaccine given after the 4th birthday is required.
- Oral Polio, after 4th birthday, is acceptable for international students.

C.4 Varicella (Chicken Pox)

- Serology testing is required to determine evidence of immunity to Varicella.
- 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.

C.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

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

D. 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 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 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 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 and / or a chest xray 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.

F. A signature and contact information of the physician or nurse completing this form must be completed.

Notice of Collection: In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed to confirm eligibility for field placement and/or clinical practicum. Your personal information may also be used for various administrative, statistical, and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use, and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G 0C5, 905.721.2000 ext. 3292