

IMMUNIZATION FORM

Current immunizations are required for student work experiences in hospitals, nursing homes, day care, and residential facilities. **Students should keep a copy of this form for their own records as they may be required to show proof to the placement agencies.**

Immunization requirements are listed below. **Please note:** Hepatitis B immunization is required for all students completing a placement within a District Health Authority setting including students in the following programs, Continuing Care, Dental Assisting II, Pharmacy Technology, Practical Nursing and Residential/Vocational Services. Please have a health care professional (physician or public health nurse) complete this form and return it to the campus – see below.

Immunizations	Date of Primary Series	Date of Last Booster	or	Blood Test
Diphtheria	_____	_____		_____
Tetanus	_____	_____		_____
Poliomyelitis	_____	_____		_____
Rubeolla (Measles)	_____	_____		_____
Mumps	_____	_____		_____
Rubella (German Measles)	_____	_____		_____
Varicella	_____	_____		_____

Hepatitis B Immunization (Hepatitis B immunization is strongly recommended for adults at risk of exposure to Hepatitis B by virtue of their occupation – *Canadian Immunization Guide 2002*)

Hepatitis B	Dose 1	Dose 2 (one month later)	Dose 3 (6 to 12 months after first dose)
	_____	_____	_____

TB test - Two-step Mantoux test completed on: _____ (date)

Name: _____	Date of Birth: _____
Address: _____ _____	Student Number: _____
Program of Study: _____	Home Phone Number: _____

Immunizations updated on: _____ (date)

Physician's Name: _____ Signature: _____

Address and Stamp (if applicable): _____
