IMMUNIZATION FORM

MUST BE COMPLETE

Immunization requirements are listed below – immunization **must** be **current.** Please have a **health care professional (physician or public health nurse)** complete this form and return it to the campus. Students should keep a copy of this form for their own records as they may be required to show proof to the placement agencies. Additional immunization may be required by specific agencies, for example- flu vaccine. Students will be notified by the campus if requirements change or additional requirements are added.

Immunizations	**Date of Primary Series**	****** Date of Last Booster**	**or Blood Test**
Diphtheria	_____	_____	____N/A____
Tetanus	_____	_____	____N/A____
Poliomyelitus	No Longer Required	_____	____N/A____
Rubeolla (Measles)	_____	_____	_____
Mumps	_____	_____	_____
Rubella (German Measles)	_____	_____	_____
Varicella	History of Chickenpox or may have blood test		_____

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

Additional requirements for students in Behavioural Interentions, Continuing Care, Community Disability Supports, Dental Assisting II, Early Childhood Education, Health Information Management, Human Services, Medical Laboratory Technology and Assistant, Mental Health Recovery and Promotion, Occupational Therapy//Physiotherapy Assistant, Pharmacy Technology, and Practical Nursing.

Hepatitus B Immunization

	Dose 1	**Dose 2** (one month later)	**Dose 3** (6 months after first dose)
Hepatitus B	_____	_____	_____

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

TB testing is only required once every two years.

Please note: TB testing is **not** required of Human Service diploma, Behavioural Internventions, Community Disability Supports or Early Childhood Education students **unless** specified at the campus/program after the student commences their program.

Immunizations updated on: _____ **(date)**

Physician's Name: _____**Signature:** _____

And/or Health Care Practitioner _____ **Signature:** _____