

Immunization Requirements Rationale and Guidelines

Rationale

Health and Human Services students are at risk of exposure to communicable diseases because of their contact with clients or material from clients with infections, both diagnosed and undiagnosed. Maintenance of immunity against vaccine-preventable diseases is an integral part of a health care facility's occupational health program. Optimal immunization for students will not only safeguard their own health but may also protect clients with whom students are working with.

Maintenance of up-to-date records are vital to protect the health of both students and the clients in their care, and is a requirement of the Health Authority where many practicums occur.

Guidelines

1. Students newly admitted to the Health and Human Services programs at Vancouver Island University will submit proof of immunization **where indicated by program admission requirements.**
2. Records are to be signed/stamped by a health care provider:
 - Obtaining immunization(s) from a health care provider may be arranged by appointment. **Please note that there may be a fee for vaccination services.**
 - Family physician: Some immunizations and TB testing not available.
 - Local health unit: Immunizations and TB testing available.
 - All immunization records, including childhood records, should be brought to the appointment for review. Immunization will be completed at the earliest opportunity for those who cannot provide acceptable information or evidence of adequate immunity.
3. All students are responsible for keeping their own records of immunization and/or laboratory testing, and updating their immunizations as needed. Records and any necessary updating should be reviewed annually.
4. Students who cannot be immunized because of allergies, pregnancy or for other reasons must provide a letter from a health care provider to that effect.
5. Lack of immunization may affect students' ability to participate in practicums in some facilities.



Immunization Requirements
Form

Name: _____
Last First Initial

Maiden Name (if applicable): _____

Address: _____
Street City Prov. Postal Code

Tel. No.: _____ E-mail: _____
Include area code

Date of Birth (YYYY/MM/DD): ____ / ____ / ____ Personal Health No.
(Care Card): _____

Program Name: _____

Program Entry Date (YYYY/MM): _____ VIU Student No.: _____

The following is adapted by Vancouver Island University (VIU) for students based on the recommendations of BC Centre for Disease Control (BCCDC) and Vancouver Island Health Authority (VIHA) (2009).

***** Please list all dates for immunizations in the following order: YYYY/MM/DD *****

1. Tetanus and Diphtheria (TD)

Primary series (3 or 4 doses) in early childhood: Yes No
Booster must be within the last 10 years: Date: _____

2. Polio

Primary series (3 doses) in early childhood: Yes No
If no, completion of 3 dose series: Polio dose #1 (date): _____
Polio dose #2 (date): _____
Polio dose #3 (date): _____

3. Measles, Mumps, Rubella (MMR)

Students born after 1957 should have 2 doses of MMR. May have been given as MMR, or singly, or in various combinations.

MMR dose #1 (date): _____
MMR dose #2 (date): _____

Other measles, mumps or rubella containing vaccine: Date: _____

Measles or rubella lab test for immunity if needed:

Specify test: _____ Result: _____ Date: _____
Specify test: _____ Result: _____ Date: _____
Specify test: _____ Result: _____ Date: _____

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Immunization Requirements

4. Varicella (Chicken Pox)

If varicella disease history or date of vaccines cannot be confirmed, then a varicella IgG titre must be determined.

History of disease: Yes No Date (if known): _____

OR Varicella immunity (IgG antibody) test: Result: _____ Date: _____

If susceptible: Varicella dose #1 (date): _____

Varicella dose #2 (date): _____

FOR HEALTH STUDENTS ONLY:

5. Hepatitis B Series and Antibody Test

If necessary, this series may be initiated upon entry into your program.

Hep. B dose #1 (date): _____

Hep. B dose #2 (date): _____

Hep. B dose #3 (date): _____

Hepatitis B post-vaccine antibody test: Result: _____ Date: _____

(Antibody testing should be done within 1 to 6 months after immunization is completed, and follow-up immunizations would be offered as necessary.)

6. Influenza Vaccine (annual)

Date: _____

7. TB Skin Test

Students should have a TB skin test unless they are a known positive reactor or unless they have documented proof of a previous negative test result within the past 6 months, prior to commencement of the program. Those with a known positive reaction in the past should have a chest x-ray unless there is proof of previous chest x-ray results within 6 months.

TB skin test: Result: _____ (mm) Date: _____

Chest x-ray, if needed: If the skin test is positive, a chest x-ray is required. The report of this x-ray must be provided with this document and it must be current to within 6 months of entry into your program.

Chest x-ray: Result: _____ Date: _____

X-ray report attached: Yes No Not Applicable

Recommendation, if applicable, attached.

Students are responsible for submitting this form with their program registration. **The information on this form will be part of your file. I certify that the above information is accurate and up-to-date.**

Student Signature

Date

Name/Stamp of Health Care Provider
Reviewing This Document

Signature of Health Care Provider

Date

For Educational Institution Use Only:

Form received: In person Mail Fax Drop-off Date: _____

Data entered in computer (if applicable) by: _____

Form complete: