

Immunization and Communicable Diseases Form

Student Information

Name: _____ Student ID: _____

Email: _____ Phone Number: _____

Program Name: _____ Date of Birth: _____

IMPORTANT: A copy of any lab results must be submitted to Synergy Gateway for clearance.

To be completed by Health Care Provider

Health Care Provider Signature and Office Stamp

Name: _____

Signature: _____

Date (dd/mm/yy): _____

OFFICE STAMP

Tuberculosis:

The student must provide proof of a two-step Tuberculosis Mantoux skin test. Steps must be completed within 7-28 days. If there is record of a two-step TB skin test in the past, dates and results must be recorded and followed up with a one-step TB skin test (if more than 12 months have passed). Documentation of the tuberculosis skin test is required regardless of receiving the BCG vaccine. Students with a positive skin test (10mm or more in duration) must have a chest x-ray.

Two-Step Tuberculosis Skin Test

Step 1: Date Given (dd/mm/yy): _____

Date Read (dd/mm/yy): _____ Result: _____ mm

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Step 2: Date Given (dd/mm/yy): _____

Date Read (dd/mm/yy): _____ Result: _____ mm

One-Step Tuberculosis Skin Test

Step 1: Date Given (dd/mm/yy): _____

Date Read (dd/mm/yy): _____ Result: _____ mm

*Students with a positive skin test (10mm or more in duration) must have a chest x-ray. **A copy of the chest x-ray must be attached.***

Date of x-ray (dd/mm/yy): _____ Results: _____

Mumps, Measles, Rubella (MMR):

Documentation of receiving two doses of MMR on or after 1st birthday is required. If documentation is unavailable or if only one injection date is recorded, then bloodwork must be done to check immunity.

Documented MMR Vaccinations:

Dose 1 (dd/mm/yy): _____ Dose 2 (dd/mm/yy): _____

If no documented proof of previous vaccinations:

Blood work completed (dd/mm/yy): _____

Mumps Immunity: Yes No **Measles Immunity:** Yes No **Rubella Immunity:** Yes No

If bloodwork shows immunity to 1 or 2 viruses, then a single dose is required. If bloodwork shows no immunity, then 2 doses are required:

MMR Dose 1 (dd/mm/yy): _____ **MMR Dose 2 (dd/mm/yy):** _____

Varicella:

Documented proof of the 2-dose series is required. If previous vaccination proof is unavailable or incomplete, then bloodwork must be done.

Documented Varicella Vaccinations:

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Dose 1 (dd/mm/yy): _____ Dose 2 (dd/mm/yy): _____

If no documented proof of previous vaccinations:

Date blood work completed (dd/mm/yy): _____

Varicella Immunity: Yes No

If bloodwork shows no immunity, then completion of the primary series is required as appropriate:

Dose 1 (dd/mm/yy): _____ Dose 2 (dd/mm/yy): _____

Tetanus and Diphtheria:

Completion of the primary series is required. If the administration of the primary series has been more than 10 years, then a booster is required.

Primary Series Completed: Yes No

Booster completed (dd/mm/yy): _____

If primary series dates are unavailable or if the records are incomplete, then completion of the primary series is required as appropriate:

Dose 1 (dd/mm/yy): _____ Dose 2 (dd/mm/yy): _____ Dose 3 (dd/mm/yy): _____

Polio:

Completion of the primary series and a single lifetime booster dose of IPV-containing vaccine since the 18th birthday is required.

Primary Series Completed: Yes No

Booster completed (dd/mm/yy): _____

If primary series dates are unavailable or if the records are incomplete, then completion of the adult primary series of 3 doses is required as appropriate:

Dose 1 (dd/mm/yy): _____ Dose 2 (dd/mm/yy): _____ Dose 3 (dd/mm/yy): _____

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Hepatitis B:

The students must have Hepatitis B bloodwork immunity testing done AND must provide documented proof of completion of 3-dose primary series.

Mandatory only for programs: Personal Support Worker

Date blood work completed (dd/mm/yy): _____

Hepatitis B

Immunity: Yes No

AND

Documented Hepatitis B Vaccinations:

Hepatitis B Dose 1 (dd/mm/yy): _____ Hepatitis B Dose 2 (dd/mm/yy): _____

Hepatitis B Dose 3 (dd/mm/yy): _____

If bloodwork shows immunity but the primary series dates are unavailable or if the records are incomplete, then completion of the primary series is **still** required as appropriate (*Bloodwork showing immunity alone with unavailable or incomplete vaccination record is **not** considered proof of immunity as per the [Canadian Immunization Guide](#)*):

Hepatitis B Dose 1 (dd/mm/yy): _____ Hepatitis B Dose 2 (dd/mm/yy): _____

Hepatitis B Dose 3 (dd/mm/yy): _____

If bloodwork shows no immunity but there is documented proof of the previous primary series, then only a booster is required:

Hepatitis B Booster (dd/mm/yy): _____

If bloodwork shows no immunity and documented proof of the previous primary series is unavailable or incomplete, then completion of the primary series is required as appropriate:

Hepatitis B Dose 1 (dd/mm/yy): _____ Hepatitis B Dose 2 (dd/mm/yy): _____

Hepatitis B Dose 3 (dd/mm/yy): _____

The students are required to repeat Hepatitis B bloodwork 1-6 months after the booster or completion of the primary series:

Date of repeat blood work (dd/mm/yy): _____

Hepatitis B Immunity: Yes No

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COVID-19 Vaccine:

The students must provide documented proof of receiving two doses of [Canadian approved COVID-19 vaccine](#).
Original COVID-19 vaccination receipts **must** be submitted to Synergy Gateway.

Mandatory only for programs: Personal Support Worker

Dose 1 (dd/mm/yy): _____

Manufacturer: _____

Dose 2 (dd/mm/yy): _____

Manufacturer: _____

Influenza Vaccine (Flu Shot):

The students in Fall and Winter Semesters must provide documented proof of receiving annual seasonal influenza immunization.

Date of Flu Shot (dd/mm/yy): _____

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