

Name: (PLEASE PRINT) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Number: \_\_\_\_\_ Program of Study: \_\_\_\_\_

**REQUIRED IMMUNIZATIONS/TESTING – READ INFORMATION ON REVERSE**

<b>1. MEASLES</b> ⇨  (Red Measles / Rubeola)  (Required: 2 doses as a child or adult)	<b>Measles Titre</b> <b>OR</b> <b>Measles Vaccine</b>  Result: _____      Date: #1 _____  Date: _____      Date: #2 _____	<b>MMR Vaccine</b>  Dose #1 MMR  Date: _____
	<b>Mumps Titre</b> <b>OR</b> <b>Mumps Vaccine</b>  Result: _____      Date: #1 _____  Date: _____      Date: #2 _____	Dose #2 MMR  Date: _____
	<b>Rubella Titre</b> <b>OR</b> <b>Rubella Vaccine</b>  Result: _____      Date: _____  Date: _____	
<b>4. CHICKENPOX</b> (Required: Immune status, i.e. history - If unreliable: Do Titre - If susceptible; May Give 2 doses of vaccine)	<b>Chickenpox History:</b> (scars, remembers, age) _____  <b>Chickenpox Titre Result:</b> _____ <b>Date of Titre:</b> _____  <b>Vaccine Date: Dose #1</b> _____ <b>Vaccine Date: Dose #2</b> _____	
<b>5. HEPATITIS B</b> (Required: 3 doses with dates received and/or a positive antiHBs titre;  If negative antiHBs titre, 3 more doses required and a antiHBs titre)	Dose 1 _____      Dose 2 _____      Dose 3 _____  <b>HB Titre Result (anti HBS):</b> _____ <b>Date of Titre:</b> _____  Dose 4 _____      Dose 5 _____      Dose 6 _____  <b>HB Titre Result (anti HBS):</b> _____ <b>Date of Titre:</b> _____	
<b>6. Tdap see info on back</b>	Date: _____	
<b>7. TUBERCULOSIS</b>  (Required: 2 step TST) (# 2 TST to be done 7 to 28 days from #1 TST) Measure induration, not redness at test site. Record in millimeters  Chest x-ray required if TST is positive >10 mm or more, or as a new employee, have not had a chest x-ray in past year	<b>BCG VACCINE</b> <b>Date of vaccine:</b> _____  <b>Scar Present:</b> No: <input type="checkbox"/> Yes: <input type="checkbox"/> <b>Left</b> <input type="checkbox"/> <b>Right</b> <input type="checkbox"/> <b>Site:</b> _____	
	<b>Tuberculin Skin Test (TST)</b> <b>2 STEP TST DATES:</b> (MMR not to be given with 1 <sup>st</sup> TST, MMR okay with 2 <sup>nd</sup> )	<b>MOST RECENT TST:</b> (A TST is required within 1 year for new health care workers)
	#1 Date: _____      Result: _____ mm #2 Date: _____      Result: _____ mm	Date: _____ Result: _____ mm
<b>CHEST X-RAY</b> No: <input type="checkbox"/> Yes: <input type="checkbox"/> <b>Date:</b> _____ <b>Result:</b> _____ <b>Referred for follow-up?</b> No: <input type="checkbox"/> Yes: <input type="checkbox"/> <b>To Whom:</b> _____ <b>Include documentation of referral follow-up.</b>	<b>Include copy of CXR with completed record if it was required for positive TST.</b>	

Signature of Physician/Nurse: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## INFORMATION

### Health Care Student:

A person who is enrolled in a full time, part time, or casual education or, training program in a Healthcare Field and may have direct or indirect contact with patients, clients and/or residents in a health or, community care setting. Health services include those functions that bring the healthcare student in direct physical contact with patients or materials associated with patient care. Students in clinical practice may provide health services directly to patients/clients/residents in healthcare practice settings.

### Immunizations:

Immunizations or records that are required for health care students can be obtained from: 1) family physician; 2) primary care or access center in your area; 3) rural Provincial Public Health Unit; or 4) Travel Health Clinic.

### **REQUIRED IMMUNIZATIONS/TESTING**

*Records are to be provided at upon admission to a program of study at the Manitoba Institute of Trades and Technology.*

**Note: Students who cannot be immunized because of allergies, family planning/pregnancy, or for other reasons must provide a physician's certificate to this effect.**

#### 1. Measles (Rubeola or Red Measles)

Immunity against measles may be a: 1) documented immunization or; 2) lab-confirmed immunity (titre). Immunity against red measles (rubeola) requires two doses of red measles-containing vaccine, usually supplied as MMR II vaccine.

#### 2. Mumps

Immunity against mumps may be a: 1) documented immunization or; 2) lab-confirmed immunity (titre); or 3) history of previous disease documented by a physician. Immunity against mumps requires two doses of mumps-containing vaccine or MMR II.

#### 3. Rubella (German measles)

Immunity against rubella may be a: 1) documented immunization or; 2) lab-confirmed immunity (titre); or 3) history of previous disease documented by a physician. Immunity against German measles (rubella) requires one dose of rubella-containing vaccine or MMR II.

#### 4. Chickenpox (Varicella) History/Test

History of disease will be accepted if diagnosed by physician, parent or is self-reported. If uncertain re history, lab-confirmed immunity (titre) is required. If susceptible, health care workers can receive 2 doses of chickenpox vaccine from their physician. This vaccine is not required for employment.

#### 5. Hepatitis B

Required for all health care workers who may be exposed to blood or body fluids or who may be at increased risk of a needlestick/sharps injury, bites or spills/splashes. Immunity against Hepatitis B may be a: 1) documented series of 3 doses of vaccine given over a six-month period; and 2) lab-confirmed immunity (titre). Titre should be done approximately one month after the 3<sup>rd</sup> dose. If no antibodies after 3 doses, repeat series and measure antibody titre again, one month after the last dose.

#### 6. Tdap

All health care and child care workers, regardless of age, should receive a single dose of Tdap vaccine for pertussis protection if this vaccine was not previously administered in adulthood, even if the person is not due for a tetanus and diphtheria booster.

#### 7. Tuberculosis

- History and date of BCG vaccine and/or evidence of a BCG scar should be documented.
- A two-step tuberculin skin test (TST) is required once in a life-time, with results recorded. Results are to be recorded in millimeters of induration. A TST update is required if no TST has been done in the last 12 months.
- A PA chest x-ray is required if TST is 10 mm or greater, as well as an assessment re latent TB.
- A TST cannot be given if the individual has received any live or attenuated vaccine within the previous 6 weeks, as results of the TST will be unreliable.