

Entry Immunization Form: Addendum

Purpose of Addendum:

To address the **worldwide** shortage of **Hepatitis B vaccine**, we recommend the following strategies moving forward. It is unknown how long this shortage will last.

Process:

- Serology may be drawn for Hepatitis A along with Hepatitis B.
- If a student is not immune to both Hepatitis A and B, Twinrix Vaccine (Hepatitis A and B) may be offered instead of Hepatitis B only vaccine.
- If the student has started a Hepatitis B series it can be completed as the vaccine becomes available (in collaboration with the pharmacist).
- Serology levels for Hepatitis B are to be checked to determine a) if a booster is required with bloodwork in 1 month, or b) a full series is required. In many cases only a booster dose will be needed.

Please see page 4 section C.5 of the Entry Immunization Form for further instructions in relation to Hepatitis B requirements.

June 2018

Entry Immunization Form

A. Personal Information (to be completed by student)

Last Name: _____ First Name: _____

Date of Birth: _____ Student #: _____

B. Program Information: Please check Program of Study

School of Business, IT and Management (Whitby- Attn: Karen Anderson, Oshawa- Attn: Elizabeth Campbell)

- Cosmetic Techniques and Management
- Esthetician-Spa Management
- Office Administration-Health Services
- Recreation and Leisure Services
- Other _____

School of Continuing Education (Attn: Laurel Kimball)

- | | |
|---|--|
| <input type="checkbox"/> Dementia Studies | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Perinatal/Obstetrics RN/RPN |
| <input type="checkbox"/> Education Support | <input type="checkbox"/> Social Service Worker |
| <input type="checkbox"/> Mental Health Nursing RN/RPN | <input type="checkbox"/> Victimology |
| <input type="checkbox"/> Oncology Nursing RN/RPN | <input type="checkbox"/> Other _____ |

School of Health and Community Services (Attn: Documentation Officer)

- | | |
|---|---|
| <input type="checkbox"/> Activation Coordination in Gerontology | <input type="checkbox"/> Early Childhood Education |
| <input type="checkbox"/> Addictions and Mental Health | <input type="checkbox"/> Fitness and Health Promotion |
| <input type="checkbox"/> Child and Youth Worker | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> CICE | <input type="checkbox"/> OTA/PTA Worker |
| <input type="checkbox"/> Communicative Disorders Assistant | <input type="checkbox"/> Personal Support Worker |
| <input type="checkbox"/> Dental Assisting | <input type="checkbox"/> Practical Nursing |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Social Service Worker |
| <input type="checkbox"/> Dental Reception and Administration | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Developmental Service Worker | |

School of Justice and Emergency Services (Attn: Documentation Officer)

- Advanced Care Paramedic
- Advanced Law Enforcement and Investigations
- Paramedic
- Victimology
- Youth Justice and Interventions

School of Science and Engineering Technology (Attn: Documentation Officer)

- Biomedical Engineering Technology
- Honours Bachelor of Health Care Technology Management (HCTM)

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C. Immunization Requirements

C.1 Tetanus, Diphtheria

- Tetanus, Diphtheria, Pertussis (TdaP)
- Tetanus, Diphtheria (Td)

Date of last booster: _____
(Valid for 10 years and must not expire before the end of your program)

C.2. Polio

- Date of last booster: _____
(Must be after 4th birthday)
-

C.3. Varicella

- Dates of 2 Vaccinations
1) _____
2) _____ (at least 4 weeks after 1st dose)

OR

- Proof of Immunity
Varicella titre level: _____ Date: _____
-

C.4 Measles, Mumps, Rubella

- Dates of 2 Vaccinations
1) _____
2) _____ (at least 4 weeks after 1st dose)
- If MMR was given in 1996, check box to verify the vaccine was MMR and not Measles only.**

OR

- Proof of Immunity
Measles titre: _____ Date: _____
Mumps titre: _____ Date: _____
Rubella titre: _____ Date: _____

- MMR booster date: _____ (required if there is inadequate immunity)
-

C.5 Hepatitis B

Hepatitis B serology must be provided. If serology shows inadequate immunity, the Hepatitis B series must be given or repeated. (See page 4 - C.5 for details)

- | | |
|--|--|
| <input type="checkbox"/> Hepatitis B titre: _____ | Date: _____ |
| <input type="checkbox"/> Initial series of 2 or 3 doses | <input type="checkbox"/> Repeated series if inadequate immunity |
| 1) _____ | 1) _____ |
| 2) _____ | 2) _____ |
| 3) _____ | 3) _____ |

Tuberculosis Surveillance Requirements

D.1 History

Country of Birth: _____

BCG Vaccine given: (TB testing is mandatory regardless of BCG history)

No Yes- date: _____

History of TB Infection:

No Yes-date of treatment: _____

History of positive TB test:

No Yes- date: _____

D.2 2-Step Tuberculosis Skin Test (Mantoux)

- 2-step TB testing is mandatory.
- Each TB test is to be read 48-72 hours after planting.
- The 2nd step to be planted 7-21 days after the 1st step.
- The TB test is valid for 1 year.
- **A Chest X-Ray report less than 1 year old must be attached for any positive TB test (previous or current) or a history of TB infection.**

Date- Step 1	Site	Date Read	Result in mm	Signature
Date- Step 2	Site	Date Read	Result in mm	Signature

D.3 1-Step Tuberculosis Skin Test (Valid only with proof of previous negative 2-Step TB Test)

Date	Site	Date Read	Result in mm	Signature

D.4 Chest X-Ray Report (only if required)

Report Attached

E. Recommended Vaccinations

Influenza- This vaccine is available between October and May. It is not mandatory but highly recommended. If there is an outbreak at your placement facility and you have not been vaccinated, you may not be allowed to attend that placement. Date given: _____

Bacterial Meningococcal Vaccine (Menactra or Menveo, and Bexsero). These vaccines are not mandatory but recommended. Date given: _____

F. Clinic Stamp and Signature of Physician or Nurse

Signature _____ Date: _____

Instructions for Completing the Entry Immunization Form

STUDENTS: Please take this form with you to your Health Care Provider

This is your Entry Immunization Form. This form is a prerequisite for students attending placements where communicable disease surveillance protocols and health legislation exist. Please ensure the form is complete and legible. **You will need your immunization records to complete this form.** If you attended school in Ontario, your childhood immunization records may be obtained by calling Durham Health Connection Line at 905-666-6241 or 1-800-841-2729. For other provinces please contact your local Public Health Department.

This form follows the standards outlined in the [Canadian Immunization Guide](#), the [Ontario Hospital Association](#), the [Ontario Medical Association](#), and the [Durham Region Health Department](#).

An Informed Consent must be filled out at the Campus Health Centre for Immunization Exemption. Immune status is required via blood titre levels and a record of past vaccinations must be provided for the Informed Consent to be processed. TB testing is mandatory.

Entry Immunization Form requirements:

C.1 Tetanus, Diphtheria, Pertussis (Tdap) or Tetanus, Diphtheria (Td)

- Tdap or Td is due every ten years and must be valid for the entire length of the program.

C.2 Polio

- Date of Polio vaccine given after the 4th birthday is required.

C.3 Varicella (Chicken Pox)

- Two (2) doses of the Varicella vaccine are required **OR**
- Serology results to indicate immunity to Varicella.
- Two (2) doses of Varicella vaccine must be given if there is inadequate immunity.

C.4 Measles, Mumps, Rubella

- Two (2) doses of MMR are required. (Measles only is not sufficient) **OR**
- Serology results to indicate immunity to **each** of Measles, Mumps and Rubella.
- One (1) MMR booster must be given if there is inadequate immunity.

C.5 Hepatitis B

- Serology testing is required to determine evidence of immunity.
- If a series of two (2) Hepatitis B vaccinations were given in school and serology testing shows inadequate immunity, a booster dose is to be given followed by serology 1 month later. If the second serology testing still shows inadequate immunity the vaccination series must be repeated.
- If a series of three (3) Hepatitis B vaccinations were given and serology testing shows inadequate immunity the series of 3 vaccinations must be repeated.
- If after the 2nd series there is still inadequate immunity the student is considered a non-responder.
- The series of 3 vaccinations must be started prior to admission if there is inadequate immunity.
- It is the student's responsibility to complete the series.
- The Hepatitis B series is not mandatory (but recommended) for Dental Reception and Administration.

D. Tuberculosis Skin Testing (Mantoux)

- A two-step tuberculosis skin test is required for all students admitted to the program. The 2nd step is given 7-21 days after the 1st step. TB tests are valid for 1 year.
- If the student has had a previous 2-step TB test, proof of that 2-step must be provided along with the current 1-step test.
- If the student has a positive TB test (>10mm) the test should never be repeated. A chest x-ray report less than one year old must be provided.
- If the student has a history of a positive TB test or TB infection, TB testing should not be done. Documentation of the positive test and a chest x-ray report less than 1 year old must be provided.
- A history of BCG vaccination must be documented. **TB testing is mandatory regardless of BCG history.**