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)**

- [ ] Dementia Studies
- [ ] Early Childhood Education
- [ ] Education Support
- [ ] Mental Health Nursing RN/RPN
- [ ] Oncology Nursing RN/RPN
- [ ] Palliative Care
- [ ] Perinatal/Obstetrics RN/RPN
- [ ] Social Service Worker
- [ ] Victimology
- [ ] Other _______________________

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

- [ ] Activation Coordination in Gerontology
- [ ] Addictions and Mental Health
- [ ] Child and Youth Worker
- [ ] CICE
- [ ] Communicative Disorders Assistant
- [ ] Dental Assisting
- [ ] Dental Hygiene
- [ ] Dental Reception and Administration
- [ ] Developmental Service Worker
- [ ] Early Childhood Education
- [ ] Fitness and Health Promotion
- [ ] Massage Therapy
- [ ] OTA/PTA Worker
- [ ] Personal Support Worker
- [ ] Practical Nursing
- [ ] Social Service Worker
- [ ] Other _______________________

**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)

- Hepatitis B titre: __________________________ Date: __________________

- Initial series of 2 or 3 doses
  1) __________________________
  2) __________________________
  3) __________________________

- Repeated series if inadequate immunity
  1) __________________________
  2) __________________________
  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.

<table>
<thead>
<tr>
<th>Date- Step 1</th>
<th>Site</th>
<th>Date Read</th>
<th>Result in mm</th>
<th>Signature</th>
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<th>Site</th>
<th>Date Read</th>
<th>Result in mm</th>
<th>Signature</th>
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D.3 1-Step Tuberculosis Skin Test (Valid only with proof of previous negative 2-Step TB Test)

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<th>Site</th>
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<th>Result in mm</th>
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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 Menevo, 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.