

INSTRUCTIONS FOR COMPLETING THE ENTRY IMMUNIZATION FORM (EIF)

This ENTRY IMMUNIZATION FORM (EIF) is a prerequisite for students attending placements where communicable disease surveillance protocols and health legislation exist.

Students – PLEASE READ:

1. **FIRST - READ** the instructions on pages 1 and 2
2. **BEFORE** you print this form, **complete** Part A of the form online, **then click the print button**.
3. Book an appointment with your healthcare provider, bring this form and all immunization records to the first appointment. It may take several appointments to complete, so book your first appointment about 6 weeks before your Synergy due date.

HOW TO OBTAIN YOUR IMMUNIZATION RECORDS**Domestic Students:**

- Ask your family for your childhood records
- If unavailable, check online in the Immunization Connect Ontario (**ICON**) Tool:
 - a) Durham Region you can access your records through <https://drhd.icon.ehealthontario.ca/#!/welcome> or call 1-800-841-2729.
 - b) For other Ontario regions, replace “drhd” in the URL above with the public health unit initials from your local public health department where you had your childhood vaccines. Ontario Public Health Units can be found here: <https://www.ontario.ca/page/public-health-unit-locations>
 - c) If unsuccessful, phone the public health unit as outlined in b. and request your Ontario Immunization ID. Use this in the ICON tool as outlined in a and b.

International Students: Please try to obtain your vaccine records from home.

Other Provinces: Contact the Public Health Department where you received your vaccines.

VACCINE REQUIREMENTS / EXCEPTIONS BY PROGRAM

Cosmetic Techniques/Esthetician-Spa Management: complete the following parts:
Part B.2 (Tetanus, Diphtheria); Part B.6 (Hepatitis B); Part C (Tb surveillance); Part E
Paramedics: require a new, complete EIF annually, previous bloodwork may be used
ALL other programs: are required to complete the entire form

ENTRY IMMUNIZATION FORM DETAILS

PART A: **Students** complete all fields online, then **print** the form.

PARTS B to E: **Must** be completed by a Health Care Provider (physician or nurse).

B.1 COVID-1: Needed for some placements. Please check with your placement advisor.

B.2 Tetanus, Diphtheria and Pertussis (Tdap): - must be valid throughout the program.

- Tdap – 1 dose of in adulthood
- Td booster - every 10 years

B.3 Polio

- Must be after 4th birthday.
- Oral Polio after 4th birthday is acceptable for International Students.

B.4 Varicella (Chicken Pox)

- Two (2) doses of Varicella vaccine are required.
- If only 1 dose is documented, a 2nd dose will be required (no serology).
- No documentation of vaccines? Serology testing is required to determine immunity.
- If immunity is inadequate, 2 doses will be required, at least 4 weeks apart.
- If Varicella is required, it will be administered at the end of Tb testing.

B.5 Measles, Mumps, Rubella

- Two (2) doses of MMR vaccine are required.
- If not documented, serology testing may be required to determine immunity to **each** of Measles, Mumps and Rubella.
- If immunity is inadequate, one (1) MMR booster will be required for international students, two (2) MMR boosters will be required for domestic students
- The 2nd dose must be given at least 4 weeks after the 1st dose.
- If MMR is required, it will be administered at the end of Tb testing.

B.6 Hepatitis B

- Serology testing is required for all students to confirm immunity.
- If two (2) Hepatitis B vaccinations were given in school and serology shows inadequate immunity, administer a booster dose and recheck serology in 1 month. If immunity remains inadequate, repeat the full series.
- If a series of three (3) Hepatitis B doses were given and serology shows inadequate immunity, the full 3 dose series must be repeated.
- Students with inadequate immunity after two full series are considered non-responders.
- For students with inadequate immunity, the vaccination series must be started before submitting this form.

C. Tuberculosis (Tb) Skin Testing (Mantoux - TST) - TB Tests are valid for 1 year.

- A 2-step Tb skin test is required **ONCE**, if it has been properly documented.
- If a documented 2-step exists, only a 1-step TB test is required.
 - Each TB test is to be read **48 - 72** hours after planting
 - The 2nd step is to be planted **7 - 21** days after the 1st step, but could be accepted up to 1 year.
- A positive result (>10mm) should never be retested. A chest x-ray report or IGRA testing within 1 year must be provided.
- Students with history of a positive TB test or TB infection, should not be retested. Documentation of the positive test and a negative chest x-ray report **or** IGRA testing less than 1-year-old must be provided.
- BCG vaccination history must be documented. TB testing is mandatory regardless.
- IGRA within 1 year, will be accepted in place of TST. Results **must be attached**. Note: IGRA testing costs are the students' responsibility.

D. Influenza (flu) vaccine is recommended between October – April. This is an annual vaccine.**E. The physician or nurse completing any part of this form must provide their signature and contact information.**

For more information or to request alternate formats of this form for accessibility, please contact your field placement officer. All information must be transcribed to this form. Supporting documents alone will not be accepted.

STUDENTS:

1. Complete **Part A online**.
2. **After** you are finished, **CLICK THE PRINT BUTTON**.
3. Bring this *form and your vaccination records to every scheduled appointment with your Health Care Provider (physician or nurse)*.
It may take several appointments to complete, so book your first appointment about 6 weeks before your Synergy due date.

PART A: STUDENT PERSONAL INFORMATION (to be completed by student)

First Name: _____ Last Name: _____
 Student ID Number: _____ Date of Birth: _____
 Program of Study: _____
 Select your Faculty Office: Faculty of Business and Information Technology
 Faculty of Health Science
 Faculty of Social and Community Services
 Due Date For Synergy: _____

PART B: IMMUNIZATION REQUIREMENTS

Your Health Care Provider (Physician/ Nurse) must complete the rest of this form.

B.1 COVID-19

Immunization	Date Given (yyyy-mm-dd)	Vaccine Name Administered
1		
2		
Booster – dose 3, if applicable		
Booster – dose 4, if applicable		

Reasons for delay of vaccine if applicable (i.e., exemption from vaccine):

Student First Name: _____ Student Last Name: _____

ID Number: _____

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B.2 Tetanus, Diphtheria, Pertussis (Td is valid for 10 years)

Immunization	Date Given (yyyy-mm-dd)	HCP Signature/ Transcribed
Tetanus, Diphtheria, Pertussis (TdaP)		
Tetanus, Diphtheria (Td)		

B.3 Polio (Must have documentation after the 4th birthday)

Immunization	Date Given (yyyy-mm-dd)	HCP Signature/ Transcribed
Polio		

B.4 Varicella (2nd dose required 4-6 weeks after 1st dose if immunity is inadequate)

Serology	Date (yyyy-mm-dd)	Results
Varicella Titre		<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Non-Reactive

OR

Immunization	Date Given (yyyy-mm-dd)	HCP Signature
Varicella Dose #1 Date		
Varicella Dose #2 Date		

B.5 Measles, Mumps, Rubella

Serology	Date (yyyy-mm-dd)	Results
Measles Titre		<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Non-Reactive
Mumps Titre		<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Non-Reactive
Rubella Titre		<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Non-Reactive

OR

Immunization	Date Given (yyyy-mm-dd)	HCP Signature/ Transcribed
MMR Dose #1		
MMR Dose #2		
MMR Booster (if needed)		

Student First Name:

Student Last Name:

ID Number:

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B.6 Hepatitis B

Hepatitis B Blood work (anti-HBsAb) must be completed, and results recorded.

If non-immune, a full initial series **or** 2nd vaccine series is required, followed by repeat blood work 1 month after series completion.

Section A: Must complete all of Section A.

Immunization Date Administered	Date Given (yyyy-mm-dd)	HCP Signature/ Transcribed
Hepatitis B Dose #1		
Hepatitis B Dose #2		
Hepatitis B Dose #3		

AND

Serology (anti-HBsAb)	Date (yyyy-mm-dd)	Results
Hepatitis B Titre		<input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune

If non-immune after 1st series, complete Section B.

Section B: Second Series

Immunization Date Administered	Date Given (yyyy-mm-dd)	HCP Signature/ Transcribed
Hepatitis B Dose #1 (May be a booster)		
Hepatitis B Dose #2		
Hepatitis B Dose #3		

AND

Repeat blood work 1-month after second series:

Repeat Serology (anti-HBsAb)	Date (yyyy-mm-dd)	Results
Hepatitis B Titre		<input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune

Student First Name:

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PART C: TUBERCULOSIS SURVEILLANCE REQUIREMENTS
C.1 History Student's country of birth:

BCG Vaccine (TB Testing is mandatory regardless of BCG history)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received:
History of Positive TB Infection = NO TB testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Treatment:
History of Positive TB Test = NO TB testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Treatment:

C.2 2-Step Tuberculosis (Tb) Skin Test (TST- Mantoux)

- 2-Step TB testing is mandatory once in a lifetime. Tb test is valid for 1 year.
- Each TB test must be read **48 - 72** hours after placement.
- The 2nd step is to be done **7 - 21** days (up to 1 year) after the 1st step

Step	Date Given (yyyy-mm-dd)	Site	Date Read (yyyy-mm-dd)	Results in MM	HCP Signature
Step 1		<input type="checkbox"/> Left <input type="checkbox"/> Right			
Step 2		<input type="checkbox"/> Left <input type="checkbox"/> Right			

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

Step	Date Given (yyyy-mm-dd)	Site	Date Read (yyyy-mm-dd)	Results in MM	HCP Signature
Step 1		<input type="checkbox"/> Left <input type="checkbox"/> Right			

POSITIVE TB TEST: Attach a chest X-Ray report or IGRA test dated within the past year for any positive TB test (past or current) or history of TB infection.

C.4 IGRA Blood Test (Accepted in place of TST if completed within the past year)

Report	Date of Test (yyyy-mm-dd)	Results
Report Attached		

C.5 Chest X-Ray Report (only required after a positive TST test)

Report	Date of X-Ray (yyyy-mm-dd)	Results
Report Attached		

Student First Name:

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PART D: INFLUENZA (FLU) VACCINE

The influenza vaccine is available annually between October and April. It is not mandatory but highly recommended. If there is an influenza outbreak at your placement facility and you have not been vaccinated, you may not be allowed to attend that placement.

Vaccinations	Vaccine Received	Date Received (yyyy-mm-dd)	HCP Signature/ Transcribed
Influenza Vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PART E: CLINIC STAMP AND SIGNATURE OF PHYSICIAN OR NURSE

Please place a clinic stamp or write the clinic name, address (with postal code) and phone number in the box below:

HCP (Physician or Nurse) Name (please print): _____

HCP Signature: _____ Date (yyyy-mm-dd): _____

This form follows standards from the Canadian Immunization Guide, the Ontario Hospital Association, Ontario Medical Association, the Durham Region Health Department and the Canadian Tuberculosis Standards, 8th edition.

NOTICE OF COLLECTION

All documentation of records submitted to or created by the Campus Health and Wellness Centre (CHWC) are the property of the client/patient, and the Campus Health Centre is the custodian of that information.

All records are maintained in a confidential manner in accordance with the Personal Health Information Protection Act (PHIPA) S.O. 2004 Chapter 3, Schedule A, Part IV (Collection, Use and Disclosure of Personal Health Information), and Health Care Consent Act 1996, Regulated Health Professionals Act 1993, the Mental Health Act 2002 and the policies of Durham College.

Student First Name:

Student Last Name:

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