



BLOOMBERG
LAWRENCE S. BLOOMBERG
FACULTY OF NURSING
UNIVERSITY OF TORONTO

Dear Health Care Provider,

In accordance with the policy of the University of Toronto Graduate Nursing Programs, and in order to comply with the Public Hospitals Act, other legislation, and to meet the requirements of the students' nursing practice placement settings, the immunization form must be completed in its entirety. **Failure to complete this form will result in the student having to withdraw from the program.** If, for medical reasons, your client is unable to receive a required immunization or chest x-ray, a detailed explanation of this exclusion must be provided on the form. Once completed please return the form to your client who will ensure that it is forwarded promptly to the Occupational Health Nurse at the Lawrence S. Bloomberg Faculty of Nursing.

Thank you for your professional support of our graduate Nursing Programs.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth Peter".

Elizabeth Peter
Elizabeth Peter, RN, PhD
Associate Professor & Associate Dean, Academic Programs
University of Toronto



GRADUATE NURSING PROGRAMS– IMMUNIZATION RECORD
 (to be completed by Health Care Provider*)

Student's Name: _____ Student ID#: _____

Immunization schedules vary considerably among our Canadian Provinces and other countries. Please ensure your personal health care provider understands that the Immunization Form must be completed as indicated. Failure to comply may lead to repeat testing/immunization. Nursing students who do not comply with the immunization policy may be excluded from clinical activities.

To the Health Care Provider: Students are **required** to be immunized against the following diseases before they enter the clinical setting. Proof of immunity is required for all persons carrying on activity in hospitals in Ontario under Regulation 965 of the Ontario Public Hospitals Act.

1. **TUBERCULIN TEST:** Students must have a two step mantoux skin test **after June 1 and before September 1.**

Test	Date	Results (mm of Induration)
1.	_____	_____
2. (1-3 weeks Post Test 1)	_____	_____
Previous positive TB Skin Test	_____	_____
Previous BCG vaccination date: _____		Previous Treatment for TB: Yes <input type="checkbox"/> No <input type="checkbox"/>

CHEST X-RAY: required within the current calendar year if TB test is positive.
 X-Ray Date: _____ Result: _____

2. **IMMUNIZATION:**

- **HEPATITIS B** immunization:

Section A: *Must complete ALL of Section A*

Date of 1st vaccine _____ Date of 2nd vaccine _____ Date of 3rd vaccine _____
 Lab Evidence of Immunity (anti- HBs): immune (+) non-immune (-) Date _____

Section B: *If identified as non-immune (Sect. A) , a second immunization series is strongly recommended.*

Date of 1st vaccine _____ Date of 2nd vaccine _____ Date of 3rd vaccine _____
 Lab Evidence of Immunity (anti- HBs): immune (+) non-immune (-) Date _____

(* Health Care Provider refers to physician, nurse practitioner or occupational health nurse)

Please see reverse



2 DOSES OF MMR VACCINE OR A POSITIVE BLOOD TEST

- **MEASLES** Immunization Date _____ 2nd Date _____ or Titre _____
- **MUMPS** Immunization Date _____ 2nd Date _____ or Titre _____
- **RUBELLA** Immunization Date _____ 2nd Date _____ or Titre _____

VARICELLA/ZOSTER

- **CHICKEN POX** Known History? Yes No
 If "no" (or if history not clear) VZV result _____ Date _____
 (negative or positive)

If VZV antibody negative, varicella vaccine dates: 1st vaccine _____ 2nd vaccine _____

- **DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS (ADACEL)**
 Date of Booster _____

A single dose of Tetanus/Diphtheria/Acellular Pertussis (Tdap) should be given to all students who have not previously received an adolescent or adult dose of Tdap. It is not necessary to wait for the next diphtheria/tetanus booster to be due.

- **POLIO**
 Date of Booster _____ (or date primary series was completed)

Return fully completed Status Form
 in confidence to:

Occupational Health Nurse, University of Toronto
Lawrence S. Bloomberg Faculty of Nursing
 153-155 College St. Toronto, ON M5T 1P8
 Tel: (416) 978-4324 Fax: (416) 978-0899

FORM MUST BE RETURNED NO LATER THAN AUGUST 31, 2011

STUDENT AUTHORIZATION: I give my consent that the information on this form may be shared with university/hospital teaching and administrative staff in appropriate cases.

Signature of student: _____

Date Signed: _____

CLINIC/HEALTH CENTRE AUTHORIZATION:

(name, address, and phone number of clinic/ health care centre/ hospital where form was completed)

Signature of health care provider: _____

Date Signed: _____



BCLS Certification

All incoming students must complete their BCLS Basic Rescuer Level C Certification (with or without first aid instruction) prior to registration.

Please contact one of the following places for information on BCLS certification courses:

St. John Ambulance Canada
<http://www.sja.ca/english>

Heart and Stroke Foundation of Canada
<http://ww1.heartandstroke.ca>

Toronto Emergency Medical Services (EMS) First Aid/CPR programs
<http://www.city.toronto.on.ca/ems/education/cpr.htm>

St. John Ambulance Toronto
http://www.sja.ca/toronto/main_coursecalenda.htm

Students are to complete BCLS certification in a course that provides ongoing certification.

Proof of certification (a photocopy of your certificate) must be submitted to Student Services, Room 130 prior to August 31, 2011.

Failure to attain certification will result in the student not being able to complete registration in the program.

Please contact Kong Ng (kong.ng@utoronto.ca) if you have any question regarding BCLS Certification.

***IMPORTANT: STUDENTS MUST KEEP A COPY OF THESE FORMS
(ONCE COMPLETED) FOR THEIR PERSONAL RECORDS AND
NURSING PORTFOLIO.***

***THE LAWRENCE S. BLOOMBERG FACULTY OF NURSING WILL NOT
SEND COPIES OF COMPLETED IMMUNIZATION FORMS TO OTHER
AGENCIES.***

Thank you.