



**BLOOMBERG**  
LAWRENCE S. BLOOMBERG  
FACULTY OF NURSING  
UNIVERSITY OF TORONTO

Dear Health Care Provider,

In accordance with the policy of the University of Toronto, Bachelor of Science in Nursing Program, 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 Nursing Program.

Sincerely,

A handwritten signature in cursive script that reads 'Kate Hardie'.

Kate Hardie  
Chair, Undergraduate Nursing Program  
University of Toronto  
Tel: (416) 978-2864



**BScN – 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 _____<br>Lab Evidence of Immunity (anti- HBs): <input type="checkbox"/> immune (+) <input type="checkbox"/> 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 _____<br>Lab Evidence of Immunity (anti- HBs): <input type="checkbox"/> immune (+) <input type="checkbox"/> 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 \_\_\_\_\_ 2<sup>nd</sup> Date \_\_\_\_\_ or Titre \_\_\_\_\_
- **MUMPS** Immunization Date \_\_\_\_\_ 2<sup>nd</sup> Date \_\_\_\_\_ or Titre \_\_\_\_\_
- **RUBELLA** Immunization Date \_\_\_\_\_ 2<sup>nd</sup> 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: 1<sup>st</sup> vaccine \_\_\_\_\_ 2<sup>nd</sup> 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 1, 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](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 1, 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](mailto: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.