NEW STUDENT IMMUNIZATION/HEALTH RECORD

PART 1: To be completed by the Health Care provider. Please refer to the Immunization Record Information page for further instructions. PLEASE NOTE: Any fees associated with the completion of this form are the responsibility of the student. Students are not allowed to complete their own forms.

1. **Hepatitis B:**
   
   **Section A:** Must complete ALL of Section A

   Date of 1st shot: ________________ Date of 2nd shot: ________________ Date of 3rd shot: ________________
   
   Lab Evidence of Immunity against Hep. B (anti-HBs/anti-HBc): □ Immune (+) □ Non-immune (−) Date: __________

   **Section B:** If non-immune in Section A, please provide:

   HBsAg: □ Positive* □ Negative Date: __________
   
   If HBsAg positive: HBeAg*: □ Positive □ Negative Date: __________
   
   * enclose lab reports

   **Section C:** “Second Series” - If identified as non-immune in Section A and HBsAg negative in Section B, a COMPLETE 2nd immunization series of 3 doses is required. AND follow-up Lab Evidence of Immunity is required. (See explanatory notes for additional details regarding ‘non-responders’)

   Date of 1st shot: ________________ Date of 2nd shot: ________________ Date of 3rd shot: ________________
   
   Lab Evidence of Immunity against Hep. B (anti-HBs/anti-HBc): □ Immune (+) □ Non-immune (−) Date: __________

2. **Measles/Mumps/Rubella and Varicella:** *History of Varicella is not sufficient. Administration of a LIVE virus vaccine MAY interfere with TB skin testing, unless administered on the SAME day, or 4-6 weeks apart. MUST SHOW 2 DOSES OF MMR AND VARICELLA VACCINE OR POSITIVE BLOOD TEST TO EACH OF M/M/R/V

   - **Measles** Immunization Date __________ 2nd Date __________ or Titre __________
   - **Mumps** Immunization Date __________ 2nd Date __________ or Titre __________
   - **Rubella** Immunization Date __________ 2nd Date __________ or Titre __________
   - **Varicella** Immunization Date __________ 2nd Date __________ or Titre __________

3. **Polio** (primary vaccination required) Date: __________

4. **Diphtheria/Tetanus/Acellular Pertussis** (within last 10 years): Date: __________

   *A single dose of 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.*
5. **INFLUENZA** - Annual vaccination is strongly recommended for seasonal influenza. Students who choose not to have an annual influenza vaccination should be aware that they may be limited from clinical placements in hospitals without documentation of vaccination. Students must adhere to the influenza policy and outbreak protocol where they are placed for practicum.

6. **TUBERCULOSIS** - Choose one of A or B or C to decide on the TB testing requirement:
   A. This student requires a Baseline 2-step Mantoux because:
      - ☐ there is no previously documented negative Mantoux test result
      - ☐ the ONE previously documented negative single-step Mantoux test was more than 12 months ago
   B. This student requires a single-step Mantoux because:
      - ☐ 2 or more previously documented negative single-step Mantoux tests (the last one performed over 12 months ago)
      - ☐ there is 1 previously documented negative 2-step Mantoux test
      - ☐ the last negative Mantoux was documented between 12-24 months ago
   C. This student does not require a Mantoux test because:
      - ☐ there is a previously documented positive Mantoux (see below for additional steps)
      - ☐ a Mantoux test is contraindicated because: (see instructions for list of contraindications) _________________

   Date of Test # 1: ___________________ Reading # 1 (mm): ___________ INTERPRETATION: Negative: ☐ Positive: ☐
   (dd/mm/yyyy) (Induration) (see interpretation table in information sheet)

   Date of Test # 2: ___________________ Reading # 2 (mm): ___________ INTERPRETATION: Negative: ☐ Positive: ☐
   (dd/mm/yyyy) (Induration)

   Last known negative: ___________________
   (dd/mm/yyyy)

   BCG Vaccination: No ☐ Yes ☐ Date: ___________________________
   (dd/mm/yyyy)

   Previous treatment for TB: No ☐ Yes ☐ Duration of treatment: ___________ Dates of treatment: _______ to _________
   (mm/yyyy to mm/yyyy)

   **CHEST X-RAY:** (required if test results were positive, chest x-ray must occur within the last year)

   Check any if applicable:
   - ☐ the Mantoux test is positive and has never been evaluated
   - ☐ the previously documented positive Mantoux was not fully evaluated
   - ☐ previously diagnosed TB (active or latent) was never adequately treated
   - ☐ the student has pulmonary symptoms suggestive of TB

   Chest X-Ray Date: __________________ Result: __________________
   (dd/mm/yyyy) (If Abnormal, provide copy of result)

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**PART 2: STUDENT AUTHORIZATION (To be completed by the student):**

Student Name: ___________________________ Student ID #: __________________

I authorize the health professional listed below to complete the immunization record. I give my consent that the information on this form may be shared with university/clinical teaching site and University of Toronto employees as appropriate. If I choose to submit my health information via email, I accept that they may not be secure.

Signature of Student: __________________________________________________________________ Date: __________________

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**PART 3: HEALTH CARE PROVIDER AUTHORIZATION (To be completed by a health care professional; students cannot complete their own forms):** I have read and understood the requirements as instructed. I certify that the above information is complete and accurate.

Signature of health care professional: __________________________________________ Date: __________________

STAMP or Name, address, and phone number of clinic/health care centre/hospital where form was completed

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Last updated Nov 13 2013 Expert Panel, Revised by the Faculty of Nursing August 11, 2017
For Health Care provider completing the Immunization Record for the student

Do not authorize the applicant’s immunization record without evidence of immunity or written documentation as defined below. Documentary proof of current immunization/immunity against specific diseases must be provided to the University of Toronto Faculty of Nursing’s Clinical Education Office. Note: Proof of immunity is required for all persons carrying on activity in hospitals in Ontario under Regulation 965 of the Ontario Public Hospitals Act. The specific requirements are:

1. **Hepatitis B:**
   Documented immunization of a complete series of Hepatitis B, including lab evidence of immunity Antibodies to HBsAg (Anti-HBsAg over 10IU/L = immune) must be provided at least one month after the vaccine series is complete (Section A). Individuals who are non-immune (i.e. do not have the antibodies against HBsAg after immunization), must be screened for the surface antigen (HBsAg). If the HBsAg result is positive, a further screen for e-antigen (HBeAg) must be performed (Section B).

   Those who are non-immune and HBsAg negative must undergo a second COMPLETE series of HB immunization, and subsequent lab results recorded (Section C). If lab evidence (anti-HBs) does not demonstrate immunity after the second series (‘non-responder’), individual consideration should be given to the case, depending on the professional requirements. Advice of the Expert Panel on Infection Control (arranged by the Program) may be warranted to provide individual counselling (for example, in the event of a needlestick injury). Non-responders are not required to undergo a third series of HB immunization.

   Routine booster doses of vaccine are not currently recommended in persons with previously demonstrated antibody as immune memory persists even in the absence of detectable anti-HBs, however periodic testing should be conducted in hepatitis B responders who are immunosuppressed to ensure they are maintaining their anti-HBs titre.

2. **Measles, Mumps, Rubella Varicella:**
   Students must demonstrate evidence of immunity. Only the following is acceptable as proof of immunity: documentation of the dates of receipt of vaccines (two doses) or positive titre results for antibodies with date. A history of chickenpox is NO LONGER sufficient evidence for immunity.

   If this evidence of immunity is not available, the student must have (a) mumps and/or measles and/or rubella and/or varicella immunization(s) (if they had 0 doses, then two doses are required), in the form of a trivalent measles-mumps-rubella (MMR) or Varicella vaccine, unless the student is pregnant. Females of child-bearing age must first assure their health care practitioner that they are not pregnant, and will not become pregnant for one month after receiving this vaccine. Administration of the second Varicella dose should be at least 6 weeks from the first. (NACI) Administration of a LIVE virus vaccine MAY interfere with TB skin testing, unless administered on the SAME day, or 4-6 weeks apart.

3. **Polio**
   Primary immunization against polio is sufficient.

4. **Diphtheria, Tetanus Acellular Pertussis:**
   Immunization against diphtheria and tetanus is generally valid for ten years. Maintenance of up-to-date immunization status is required. Vaccination with acellular pertussis as an adolescent or adult is recommended. A single dose of acellular pertussis vaccine in the form of a Tdap (Adacel vaccine) is recommended if not previously received as an adult or adolescent, in place of one Td booster. There is no contraindication in receiving Tdap in situations where the student has had a recent Td immunization.

5. **Influenza:**
   Annual influenza vaccination is strongly recommended for seasonal influenza. Students who choose not to have an annual influenza vaccination should be aware that they may be limited from clinical placements in hospitals without documentation of vaccination.

6. **Tuberculosis:**
   Students whose tuberculin status is unknown, and those previously identified as tuberculin negative (with only ONE single-step Mantoux), require a baseline two-step Mantoux skin test with PPD/STU, unless there is a documented negative PPD test during the preceding 12 months, in which case a single-step test may be given. For students who have had ≥2 previously documented negative single step PPD tests or 1 previously documented 2-step PPD test, a single-step test may be given. If a student has a previously documented positive tuberculin skin test, the student does not need to receive another tuberculin skin test, but requires additional documentation.

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Annual TB testing is a requirement for individuals who have previously tested negative. A negative TB test result is valid for 12 months only. Students who have had previous Bacille Calmette-Guerin (BCG) vaccine may still be at risk of infection and should be assessed. A history of BCG vaccine is not a contraindication to tuberculin testing.

CONTRAINDICATIONS to tuberculin testing are:

- history of severe blistering reaction or anaphylaxis following the test in the past;
- documented active TB/clear history of treatment for TB infection or disease in the past;
- extensive burns or eczema in area of testing site;
- major viral infection (persons with a common cold may be tested); and/or
- live virus vaccine in the past 4-6 weeks (TB skin test CAN be given on SAME DAY as live virus vaccine)\(^4\).

NOTE: Pregnancy is NOT a contraindication for performance of a Mantoux skin test.

### Interpretation of the TB Skin Test \(^5\)

<table>
<thead>
<tr>
<th>TB Skin Test Reaction Size (mm induration)</th>
<th>Situation in Which Reaction is Considered Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 4 mm</td>
<td>HIV infection with immune suppression AND the expected likelihood of TB infection is high (e.g. patient is from a population with a high prevalence of TB infection, is a close contact of an active contagious case, or has an abnormal x-ray)</td>
</tr>
<tr>
<td>5–9 mm</td>
<td>HIV infection Close contact of active contagious case Abnormal chest x-ray with fibronodular disease Other immune suppression: TNF-alpha inhibitors, chemotherapy</td>
</tr>
<tr>
<td>≥ 10 mm</td>
<td>All Others</td>
</tr>
</tbody>
</table>

Chest X-rays should be taken on students who:
- are TB skin test positive and have never been evaluated for the positive skin test;
- had a previous diagnosis of tuberculosis but have never received adequate treatment for TB; and/or
- have pulmonary symptoms that may be due to TB.

If the evaluation of a student is suggestive of TB, the health care provider MUST direct the student to a TB clinic for further assessment and recommendations. (For example: Toronto Western Hospital TB Clinic Tel: 416-603-5853). Active cases of TB, those suspected of having active TB disease, tuberculin skin test converters and those with a positive TB skin test are reportable to the local Medical Officer of Health. Occupationally acquired active TB and LTBI are also reportable to Workplace Safety and Insurance Board (WSIB) and the Ontario Ministry of Labour.

**REFERENCES and RESOURCES:**

- Immunization Record, Undergraduate Medical Education, University of Toronto, Faculty of Medicine, 2009
- Immunization Record, Postgraduate Medical Education, University of Toronto, Faculty of Medicine, 2009
- Ontario Hospital Association, Communicable Diseases Surveillance Protocols (Available from: [http://oha.ca/](http://oha.ca/))

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\(^5\) *Canadian Tuberculosis Standards, 6th ed.*, Public Health Agency of Canada and The Lung Association, 2007 (p. 63)

Last updated Nov 13 2013 Expert Panel, Revised by the Faculty of Nursing August 11, 2017
COMMON ERRORS ON IMMUNIZATION FORMS

Omissions, failure to plan ahead, and errors can be costly to the student and cause delays that can jeopardize a student’s enrolment in one of our Nursing programs. Please take the time to carefully prepare all your documentation.

It is important for students and health care providers read the information and instruction guide for immunization record attached to the New Student Immunization/Health Record. Students should explain that they are about to enrol in our nursing program and will have clinical placements as part of their studies. These health requirements are intended to assess if students are fit for practicum and that they are fully aware of any risks they may undergo if they do not have the requirements.

The following common errors cause students’ immunization records to be rejected by UofT:

- Not completing all sections of the form
- Students and their health care providers present lab reports and other supporting documentations but do not make note on the immunization form. Information must be consolidated and validated by the signature of the health care provider on the immunization form. The immunization information cannot be scattered across various documents. We will not consolidate the information for students. All the information should appear on the form.
- Hepatitis B results only include lab results of immunity or just the dates of shots of but not both
- TB positive results without chest x-ray results (must be within the last year)
- MMRV titres show only the date or a notation “immune” (must show BOTH “DD/MM/YYYY immune”)
- Students receive health advice from the Faculty of Nursing on the telephone and provide incomplete information based on the telephone conversation. Students should always have advice/instructions in writing. When sending email inquiries, please indicate your full name, student ID and program.
- Documents are not in English (we require certified/notarized translations)
- The immunization form is not signed by the student
- The immunization form does not have both the stamp (or name, address, and phone number of clinic) and signature of a health care professional (students cannot sign as a health care professional)

IMMUNIZATION FAQ’s

General Questions

GQ. Is the yellow immunization record or report from my health care institution accepted as proof of immunization?
A. It is not, you still require the Immunization Record form to be completed, signed and stamped by a Health Care Professional. You can however include a photocopy of additional records with your form.

GQ. Where can I get my immunizations?
A. You can get immunizations at any physician’s office, any Occupational Health department at your employer (if you work for a hospital) or at the UofT Student Health Services.
GQ. Who is authorized to sign my immunization form?
A. We will accept the signature of a physician, NP (NP students cannot sign their own forms), occupational health nurse or RN. However, for exceptional cases, it is preferred students have the advice of their family physician.

GQ. What program do I indicate on my immunization form?
A. Indicate one of five program options: BScN, MN Clinical, MN HSLA, MN NP, or Post Master NP.

GQ. Can I fax, email, courier or submit my documents in person?
A. No, UofT’s Faculty of Nursing does not accept documents by fax, email, courier or in person. Students must submit their documents using a secure web portal. Information regarding access to the online login-based service is emailed to students directly before the end of June.

GQ. Is it true that if I provide a doctor's note, I can leave parts of my form incomplete?
A. In most cases, students with incomplete forms will be have their forms rejected. Please consult our examples posted on our website for guidance on how to complete your form [https://bloomberg.nursing.utoronto.ca/current-students/student-forms#content4](https://bloomberg.nursing.utoronto.ca/current-students/student-forms#content4). Only a few exceptions apply. A doctor’s note indicating a student is receiving a second MMRV vaccine at a later date will not be accepted. Similarly, a doctor’s note regarding lab evidence for Hep B immunity in section A of our form cannot waive this requirement. The immunization form will not be accepted until either the date of the second dose for MMRV has occurred (or the student can provide positive blood test results) or all of Section A for Hep B is completed. However, students who have completed sections A and B for Hep B i.e. are non-immune to Hep B in Section A and HBsAg negative in Section B and must complete a 2nd series of 3 doses along with follow up lab evidence in section C will be granted an extension. They can submit your immunization/health record demonstrating they are receiving a second series but have not yet completed the 3 doses (i.e. show the first date and attach documentation to indicate the dates of next shots).

GQ. What does it mean to book an appointment on the web portal for submitting my documents?
A. Students receive a login for accessing an online secure system for uploading their documents. Once students have access to the web system, each student will be required to book an “appointment”. This does not entail physically arriving at any location. The “appointment” reserves a spot in the queue for when a student’s file will be reviewed. It is the date by when students will have all their documents uploaded and ready for assessment. Students should book in advance when they anticipate their documents will be ready. An initial fee will be charged to students and additional charges will apply for any incomplete submissions (don’t forget to upload your JPEG photo along with all your forms!).

GQ. What if I reserve a date for my file to be reviewed but I’m not ready in time for the appointment?
A. If you are not ready and your appointment for your file to be reviewed is approaching, you can reschedule your appointment without any additional cost. Missed appointments or partial submissions will result in failing the student preparedness permit. You will need to book a subsequent appointment to pass your student preparedness permit check and additional charges will apply.

GQ. If I receive lab results translated, do I still need to complete the immunization form?
A. Yes, students need to still complete the immunization form with a health care provider. Incomplete
forms will result in not being able to be approved for enrolment. Students need to ensure all the information is documented on our health form.

**Hepatitis B**

**HBQ.** Do I require a HepB titre if I received the HepB series shots?

A. A titre is required. Students must have lab evidence of immunity. If students are non-immune, further testing is required (see details on immunization record).

**HBQ.** For Hepatitis B I had the three shots a long time ago and I don’t know the exact dates. I was tested immune in the lab for Hep B. Do I still need the dates of when I got the three shots for it?

A. For Hepatitis B, we require both the dates of shots as well as lab evidence for immunity. You can give us the approximate year (if not the month and date) for the shots. If you cannot recall when you were immunized, you can indicate the year you were in Grade 7 (if you were in Ontario) or refer to the current provincial and territorial schedule for HB immunization [https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-7-hepatitis-b-vaccine.html#tab1](https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-7-hepatitis-b-vaccine.html#tab1).

**HBQ.** What if I only received 2 shots (not 3 shots)?

A. We require at least two dates of shots as well as lab evidence for immunity. Typically there are three shots but it will depend on regional schedules. Please refer to the current provincial and territorial schedule for HB immunization [https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-7-hepatitis-b-vaccine.html#tab1](https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-7-hepatitis-b-vaccine.html#tab1).

**HBQ.** What if I find out that I’m a hepatitis B carrier?

A. Your health care professional will counsel you on safety issues, precautions etc. You must notify UofT if you have a communicable disease (Hep B, Hep C, Tb or HIV infection).

**HBQ.** What if I’m non-immune to hepatitis B?

A. Individuals who are non-immune must be screened for surface antigen HBsAg. If the HBsAg result is positive, a further screen for e-antigen HBeAg must be performed (section B). If identified as non-immune in Section A and HBsAg negative is section B, then complete section C. You can submit your immunization/health record demonstrating you are receiving a second series but have not yet completed the 3 doses (i.e. show the first date and attach documentation to indicate the dates of next shots).

**Tuberculosis**

**TQ.** Is the Mantoux test and TB test the same thing?

A. Yes.

**TQ.** What does a 2-step TB test involve?

A. Two injections approximately 1-3 weeks apart. Each injection is ‘read’ after 48-72 hours.

**TQ.** I have never had a TB test before. My health care professional thinks that only one step is necessary, do I need to have the second step?

A. You need a documented two-step test. Each year thereafter is a one-step test.
TQ. Do I need to be tested annually and does it matter when I get tested before starting the program?
A. An annual Mantoux test is required if the results of last year’s test was negative. If a student has a previous TB test before end of June, it means that their TB test results expire during the academic year. This is typically problematic for students who find themselves too preoccupied during the year to attend to this matter. The Faculty of Nursing will be forced to de-enrol students who do not comply with our requirements. For this reason, we strongly recommend students repeat a single-step Mantoux in July before beginning the program. Results will expire at the end of the academic year. We recommend this for students to avoid interruptions during the school year.

TQ. The first step of my 2-step Tb test is negative. Do I have to have the 2nd step?
A. Yes. A single TB test may elicit little response, but a second test anytime from one week to one year later may elicit a much greater response. This ‘booster effect’ may indicate a past TB infection.

TQ. I had a documented 2-step TB test done previously. Do I need to have another 2-step test this year?
A. If you had a previously documented negative two-step test done at any time, you only need a single-step test this year.

TQ. My recent TB test was positive. Is this unusual?
A. Every year a number of students discover that their TB tests are positive. A positive test doesn’t necessarily mean that you have TB, but you may have been exposed to it in the past. Your health care provider will determine whether treatment is required, based on your chest x-ray and size of reaction to the test.

TQ. I have a previously documented positive TB test was positive and I had a chest x-ray a couple of years ago. Will you accept my chest x-ray?
A. Chest x-ray results are required within the last year.

Measles/Mumps/Rubella and Varicella

MMRVQ. If I only have documentation of one MMRV dose, do I need another dose?
A. Yes. It is now a requirement to have documentation of two doses of MMR. Alternatively, a student can provide titre results showing immunity. However, it is always advisable that you discuss with your physician that you are entering into a Nursing program and that practicum will be included. For your own protection, you need to know what are the risks.

MMRVQ. Do I require titres if I have proof of immunization?
A. If you provided proof of immunization (two doses), titres are not required.

MMRVQ. How long does it take to get the results of titres?
A. It usually takes about 3-4 weeks. Therefore, you should take this into consideration, to ensure all documentation is complete by the deadline.

MMRVQ. If any of my MMRV titre results are “indetermined” do I need to be vaccinated?
A. Please consult your physician. Two dates of your immunization as sufficient.

MMRVQ. Can I be cleared for enrolment if I had my titres done, but I am waiting for results?
A. No. All documentation must be complete for students to be cleared for enrolment.

August 24, 2017
MMRVQ. What kind of documentation do I need for chicken pox?
A. You must have 2 documented doses of the vaccine or positive titre results for antibodies. The results of the titre must be documented on the immunization record. A history of chicken pox is no longer sufficient.

MMRVQ. I was tested indeterminate for MMR. I had two doses of the MMR vaccine when I was younger, and I took a third dose last year. Do I have to take a fourth dose?
A. You should discuss with your physician that you do not demonstrate an immunity and have your physician determine the appropriate course of action. These health requirements are intended to assess you are fit for practicum and that you are aware of any risks you may undergo. If recommended by your physician to proceed into our Nursing program without demonstrating immunity, your physician will need to write a detailed explanatory note indicating that no further vaccinations are necessary and that you are fit for practicum. You can attach this to your completed immunization/health form.

Polio
PQ. If I do not have proof of my polio booster series, what can I do?
A. It is recommended that you receive a booster and provide proof of booster.

Influenza Vaccine
IVQ. Do I require the ‘flu vaccine’ and can I get my shot in the summer?
A. The influenza vaccine is strongly recommended each year. Many hospitals and other health care agencies have their own specific policies, which may include a vaccination-or-mask institutional practice. As well, hospitals may have their own outbreak protocol. Students who choose not to have an annual influenza vaccination should be aware that they may be limited from clinical placements in hospitals. The flu vaccine is typically available starting in October/November.
Important Notes:

- The form MUST be completed, signed and dated by the physician.

- The form MUST also be signed and dated by the student.

- Chest X-rays should be taken for students who have POSITIVE TB skin tests and have not been evaluated for the positive skin test.

- The *Immunization Form for Returning Students* is mandatory if the results of last year’s TB skin test was NEGATIVE.

- Incomplete immunization forms will not be accepted.

- Students must show they are fit for practicum. Incomplete submissions will hinder progress in the academic program for students, who have not fully satisfied the immunization requirements as outlined.
Example #1

Immunization Form
For
New Students

TB Skin Test

POSITIVE

(Chest X-ray Required)
PART 1: To be completed by the Health Care provider. Please refer to the Immunization Record Information page for further instructions.

PLEASE NOTE: Any fees associated with the completion of this form are the responsibility of the student. Students are not allowed to complete their own forms.

1. **HEPATITIS B:**

   **Section A:** Must complete ALL of Section A

<table>
<thead>
<tr>
<th>Date of 1st shot:</th>
<th>Date of 2nd shot:</th>
<th>Date of 3rd shot:</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/02/2010</td>
<td>01/03/2010</td>
<td>01/08/2010</td>
</tr>
</tbody>
</table>

   **Lab Evidence of Immunity against Hep. B (anti-HBs/HBsAB):** [X] Immune (+) □ Non-immune (−) Date: 01/10/2010

   **Section B:** If non-immune in Section A, please provide:

   - HBsAg: □ Positive □ Negative Date: ______________ (dd/mm/yyyy)
   - If HBsAg positive: HBeAg*: □ Positive □ Negative Date: ______________ (dd/mm/yyyy)
   * Enclose lab reports

   **Section C:** “Second Series” - If identified as non-immune in Section A and HBsAg negative in Section B, a COMPLETE 2nd immunization series of 3 doses is required. AND follow-up Lab Evidence of Immunity is required. (See explanatory notes for additional details regarding 'non-responders')

<table>
<thead>
<tr>
<th>Date of 1st shot:</th>
<th>Date of 2nd shot:</th>
<th>Date of 3rd shot:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **Lab Evidence of Immunity against Hep. B (anti-HBs/HBsAB):** □ Immune (+) □ Non-immune (−) Date: ______________ (dd/mm/yyyy)

2. **MEASLES/MUMPS/RUBELLA and VARICELLA:** *History of Varicella is not sufficient. Administration of a LIVE virus vaccine MAY interfere with TB skin testing, unless administered on the SAME day, or 4-6 weeks apart. MUST SHOW 2 DOSES OF MMR AND VARICELLA VACCINE OR POSITIVE BLOOD TEST TO EACH OF M/M/R/V

   - MEASLES
     - Immunization Date ____________________________ 2nd Date ____________________________ or Titre 02/04/2015 immune
   - MUMPS
     - Immunization Date ____________________________ 2nd Date ____________________________ or Titre 02/04/2015 immune
   - RUBELLA
     - Immunization Date ____________________________ 2nd Date ____________________________ or Titre 02/04/2015 immune
   - VARICELLA
     - Immunization Date ____________________________ 2nd Date ____________________________ or Titre 02/04/2015 immune

3. **POLIO** (primary vaccination required) Date: 09/09/2007 (dd/mm/yyyy)

4. **DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS** (within last 10 years): Date: 23/05/2013 (dd/mm/yyyy)

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.
5. **INFLUENZA** - Annual vaccination is strongly recommended for seasonal influenza. Students who choose not to have an annual influenza vaccination should be aware that they may be limited from clinical placements in hospitals without documentation of vaccination. Students must adhere to the influenza policy and outbreak protocol where they are placed for practicum.

6. **TUBERCULOSIS** - CHOOSE one of A or B or C to decide on the TB testing requirement:
   
   A. This student requires a Baseline 2-step Mantoux because:
      - the ONE previously documented negative single-step Mantoux test result was more than 12 months ago
   
   B. This student requires a single-step Mantoux because:
      - 2 or more previously documented negative single-step Mantoux tests (the last one performed over 12 months ago)
      - there is 1 previously documented negative 2-step Mantoux test
      - the last negative Mantoux was documented between 12-24 months ago
   
   C. This student DOES NOT require a Mantoux test because:
      - [X] there is a previously documented positive Mantoux (see below for additional steps)
      - a Mantoux test is contraindicated because: (see instructions for list of contraindications)

   **Date of Test #1:** 04/05/2015  
   **Reading #1 (mm):** 10 mm  
   **INTERPRETATION:** Negative: [ ] Positive: [X]  
   **(mm) (Induration)**

   **Date of Test #2:**  
   **Reading #2 (mm):**  
   **INTERPRETATION:** Negative: [ ] Positive: [ ]

   **Last known negative:** ________________________  
   **BCG Vaccination:** No [ ] Yes [X] Date: 03/04/1998

   **Previous treatment for TB:** No [X] Yes [ ]  
   **Duration of treatment:** _______  
   **Dates of treatment:** _______ to _______ 

   **CHEST X-RAY:** required within the last year if positive
   - [X] the Mantoux test is positive and has never been evaluated
   - [ ] the previously documented positive Mantoux test was not fully evaluated
   - [ ] previously diagnosed TB (active or latent) was never adequately treated

   **Chest X-Ray Date:** 08/04/2015  
   **Result:** Normal  
   **(If Abnormal, provide copy of result)

**PART 2: STUDENT AUTHORIZATION** (To be completed by the student):

**Student Name:** John Doe  
**Student ID #:** 123456789

I authorize the health professional listed below to complete the immunization record. I give my consent that the information on this form may be shared with university/clinical teaching site and University of Toronto employees as appropriate. If I choose to submit my health information via email, I accept that they may not be secure.

**Signature of Student:** ___________________________  
**Date:** 06/06/2015

**PART 3: HEALTH CARE PROVIDER AUTHORIZATION** (To be completed by a health care professional; students cannot complete their own forms): I have read and understood the requirements as instructed. I certify that the above information is complete and accurate.

**Signature of health care professional:** ___________________________  
**Date:** 06/06/2015

**STAMP**

[Signature]

or Name, address, and phone number of clinic/health care centre/hospital where form was completed

Don Minto MD, 123 Lawn St. Toronto, ON, M4M 3H8
Example #2

Immunization Form
For
New Students

TB Skin Test
NEGATIVE
**NEW STUDENT IMMUNIZATION/HEALTH RECORD – TB NEGATIVE**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>John Doe</th>
<th>Student ID #:</th>
<th>123456789</th>
<th>Program:</th>
<th>MN Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Email:</td>
<td><a href="mailto:john.doe@mail.utoronto.ca">john.doe@mail.utoronto.ca</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART 1:** To be completed by the Health Care provider. Please refer to the Immunization Record Information page for further instructions.

**PLEASE NOTE:** Any fees associated with the completion of this form are the responsibility of the student. Students are not allowed to complete their own forms.

1. **HEPATITIS B:**

   **Section A:** Must complete ALL of Section A
   
<table>
<thead>
<tr>
<th>Date of 1st shot:</th>
<th>Date of 2nd shot:</th>
<th>Date of 3rd shot:</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/02/2010</td>
<td>01/03/2010</td>
<td>01/08/2010</td>
</tr>
</tbody>
</table>

   **Lab Evidence of Immunity against Hep. B (anti-HBs/HBsAB):** [X] Immune (+) □ Non-immune (−) Date: 01/10/2010

   * enclose lab reports

2. **MEASLES/MUMPS/RUBELLA and VARICELLA:** *History of Varicella is not sufficient. Administration of a LIVE virus vaccine MAY interfere with TB skin testing, unless administered on the SAME day, or 4-6 weeks apart. MUST SHOW 2 DOSES OF MMR AND VARICELLA VACCINE OR POSITIVE BLOOD TEST TO EACH OF M/M/R/V

<table>
<thead>
<tr>
<th>MEASLES</th>
<th>Immunization Date:</th>
<th>2nd Date:</th>
<th>or Titre:</th>
<th>02/04/2015 immune</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUMPS</td>
<td>Immunization Date:</td>
<td>2nd Date:</td>
<td>or Titre:</td>
<td>02/04/2015 immune</td>
</tr>
<tr>
<td>RUBELLA</td>
<td>Immunization Date:</td>
<td>2nd Date:</td>
<td>or Titre:</td>
<td>02/04/2015 immune</td>
</tr>
<tr>
<td>VARICELLA</td>
<td>Immunization Date:</td>
<td>2nd Date:</td>
<td>or Titre:</td>
<td>02/04/2015 immune</td>
</tr>
</tbody>
</table>

3. **POLIO** (primary vaccination required) Date: 09/09/2007

4. **DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS** (within last 10 years): Date: 23/05/2013

   *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.*
5. **INFLUENZA** - Annual vaccination is strongly recommended for seasonal influenza. Students who choose not to have an annual influenza vaccination should be aware that they may be limited from clinical placements in hospitals without documentation of vaccination. Students must adhere to the influenza policy and outbreak protocol where they are placed for practicum.

6. **TUBERCULOSIS** - CHOOSE one of A or B or C to decide on the TB testing requirement:

   A. This student requires a Baseline 2-step Mantoux because:
      - [X] there is no previously documented negative Mantoux test result
      - [ ] the ONE previously documented negative single-step Mantoux test was more than 12 months ago

   B. This student requires a single-step Mantoux because:
      - [ ] 2 or more previously documented negative single-step Mantoux tests (the last one performed over 12 months ago)
      - [ ] there is 1 previously documented negative 2-step Mantoux test
      - [ ] the last negative Mantoux was documented between 12-24 months ago

   C. This student **DOES not require a Mantoux test** because:
      - [ ] a Mantoux test is contraindicated because (see instructions for list of contraindications)

   **Date of Test # 1:** 04/05/2015
   **Reading # 1 (mm):** 0 mm
   **INTERPRETATION:** Negative: [X] Positive: [ ]
   
   **Date of Test # 2:** 11/05/2015
   **Reading # 2 (mm):** 0 mm
   **INTERPRETATION:** Negative: [X] Positive: [ ]

   **Last known negative:**
   **BCG Vaccination:** No [ ] Yes [X] Date: 03/04/1998

   **Previous treatment for TB:** No [ ] Yes [ ] Duration of treatment: _______ Dates of treatment: _______ to _______.

   **CHEST X-RAY:** required within the last year if positive
   - [ ] the Mantoux test is positive and has never been evaluated
   - [ ] the previously documented positive Mantoux was not fully evaluated
   - [ ] the student has pulmonary symptoms suggestive of TB

   **Chest X-Ray Date:**  
   **Result:**

---

### PART 2: STUDENT AUTHORIZATION

**Student Name:** John Doe  **Student ID #:** 123456789

I authorize the health professional listed below to complete the immunization record. I give my consent that the information on this form may be shared with university/clinical teaching site and University of Toronto employees as appropriate. If I choose to submit my health information via email, I accept that they may not be secure.

**Signature of Student:** __________________________ Date: 06/06/2015

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### PART 3: HEALTH CARE PROVIDER AUTHORIZATION

**Signature of health care professional:** __________________________ Date: 06/06/2015

**STAMP**

or Name, address, and phone number of clinic/health care centre/hospital where form was completed

Don Minto MD, 123 Lawn St. Toronto, ON, M4M 3H8