Student Given Name(s):_____
Student Number:_____
Nursing Program:_____
Student Email: _____

2026-2027 NEW STUDENT IMMUNIZATION RECORD

PLEASE NOTE: Any fees associated with completing this form are the student's responsibility. Students are not allowed to complete their own forms except for the student authorization section on p.6.

PART 1: To be completed by the Health Care Provider only. Please refer to the "Information and Instruction Guide for Immunization Record" for further instructions (p.8-11).

1. HEPATITIS B:

Documented immunization of a complete series of Hepatitis B including lab evidence of immunity (anti-HBs/HBsAb) must be provided at least one month after the vaccination series is complete (Section 1A).

Note: Lab evidence of immunity is sufficient if documentation of primary series is unavailable. Please enclose all lab reports for serology.

Section 1A:

Date of 1st vaccination (dd/mm/yyyy):_____
Date of 2nd vaccination (dd/mm/yyyy):_____
Date of 3rd vaccination (dd/mm/yyyy): _____

Lab Evidence of Immunity against Hep. B (anti-HBs/HBsAb): □ Immune □ Non-Immune
Date (dd/mm/yyyy):_____

Immune individuals - proceed to Measles/Mumps/Rubella and Varicella (p.2-3)

Non-Immune individuals – proceed to Section 1B (HBsAg). Wait until 28 days after a Hepatitis B immunization to avoid the possibility of a false positive HBsAg result.

Section 1B:

HBsAg: ☐ Positive* ☐ Negative** Date (dd/mm/yyyy): _____

* If **HBsAg positive,** screen for **HBeAg:** ☐ Positive ☐ Negative
Date (dd/mm/yyyy): _____

** If **HBsAg negative,** proceed to Section 1C.

Section 1C:

HBsAg negative and non-Immune individuals require additional vaccination(s) and must demonstrate lab evidence of immunity (HBsAb). The process is based on when the HBsAb serology in Section 1A as completed in relation to the end of the primary vaccination series. Please see "Information and Instruction Guide for Immunization Record" for details.

Date of 1st vaccination (dd/mm/yyyy): _____

Lab Evidence of Immunity against Hep. B (anti-HBs/HBsAb): ☐ Immune ☐ Non-Immune
Date (dd/mm/yyyy): _____

Date of 2nd vaccination (dd/mm/yyyy):_____
Date of 3rd vaccination (dd/mm/yyyy): _____

Lab Evidence of Immunity against Hep. B (anti-HBs/HBsAb): ☐ Immune ☐ Non-Immune
Date (dd/mm/yyyy): _____

2. MEASLES / MUMPS / RUBELLA and VARICELLA:

All students must demonstrate proof of receiving 2 doses of Mumps, Measles, and Varicella Vaccines, and 1 dose of Rubella vaccine (Section 2A)

OR

Demonstrate laboratory evidence of immunity to Measles, Mumps, Rubella, and Varicella (Section 2B). Enclose lab report for all titres.

NOTE: 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 at least 28 days apart.

Section 2A – Immunizations:

	Immunization #1 (dd-mm-yyyy)	**Immunization #2** (dd-mm-yyyy)
Measles Vaccine		
Mumps Vaccine		
Rubella Vaccine		**NOT REQUIRED**
Varicella Vaccine		

Section 2B – Serology:

	Test Date (dd-mm-yyyy)	**Interpretation** (Immune or Non-immune)
Measles IgG		
Mumps IgG		

Rubella IgG		
Varicella IgG		

3. POLIO

Documented history of a primary series is required.
Date of 1st dose of primary series: (dd/mm/yyyy): _____
Date of 2nd dose of primary series: (dd/mm/yyyy): _____
Date of 3rd dose of primary series: (dd/mm/yyyy): _____

In the absence of documentation of an original series, the student should receive an adult primary series consisting of at least three doses of an inactivated polio vaccination.

Date of 1st vaccination (dd/mm/yyyy): _____
Date of 2nd vaccination (dd/mm/yyyy): _____
Date of 3rd vaccination (dd/mm/yyyy): _____

4. DIPHTHERIA / TETANUS

Documented history of a primary series and booster doses are required. In the absence of documentation of an original series, the student should be offered immunization with a full primary series. If the most recent booster is not within the last 10 years, a booster must be given. Administer Tdap (Adacel) if the student has not been given this as an adult (18+).

Last dose received (dd/mm/yyyy): _____
Date of last dose of primary series (dd/mm/yyy): _____
Date of any booster dose (dd /mm/yyy): _____
Date of any booster dose (dd /mm/yyy): _____
Date of any booster dose (dd /mm/yyy): _____

5. ACELLUAR PERTUSSIS

A single dose of Tetanus/Diphtheria/Acellular Pertussis (Tdap) should be given to all students who have not previously received an adult dose of Tdap (18+). **It is not necessary to wait for the next diphtheria/tetanus booster to be due.**

Last Dose Received (dd/mm/yyyy): _____

6. Tuberculosis (TB)

a. TB History: Does the student have ANY of the following: a previous history of a positive tuberculin skin test (TST); a clear history of blistering TST reaction; a positive interferon gamma release assay (IGRA) test; a previous diagnosis of TB disease or TB infection; a history of treatment for TB disease or infection?

□ **Yes** – The student should not have a (repeat) TST. Go to "Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form" (p.7).

□ **No** – Continue to part b) below

b. TST Requirements

i. For students without a positive TB history, documentation of a two-step TST is required (two separate tests, ideally 7-28 days apart but may be up to 12 months apart). A two-step TST given at any time in the past is acceptable; a two-step TST does not need to be repeated (see ii below).

If the baseline two-step TST was completed **prior to** July 1st, 2026 – a one-step TST must also be performed (see iii below).

Note: Previous Bacillus Calmette–Guérin vaccination is not a contraindication to having a TST. A TST can be given either before, the same day as, or at least 28 days after a live virus vaccine.

ii. Two-Step TST:

Step	**Date Administered** (dd/mm/yyyy)	**Date Read** (dd/mm/yyyy)	**Induration** (mm)	**Interpretation of Induration - Negative or Positive *** (see interpretation table p. 10)
1				
2				

iii. Most recent TST: All students must have a TST completed after July 1st, 2026. This could be either the 2-step above or a 1-step.

Step	**Date Administered** (dd/mm/yyyy)	**Date Read** (dd/mm/yyyy)	**Induration** (mm)	**Interpretation of Induration - Negative or Positive*** (see interpretation table p. 10)
1				

c. Provide responses to the following three statements regarding the student's experience prior to admission to the program.

□ **Yes*** □ **No** The student had significant exposure to an individual diagnosed with infectious TB disease[1]

□ **Yes*** □ **No** The student spent time in a clinical setting with high risk of exposure to infectious TB

□ **Yes*** □ **No** The student lived or worked in an area of the world with high TB incidence[2]

* If "Yes" applies to the student on one or more of these three statements - Proceed to "Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form" (p.7).

[1] Whether an exposure was significant and requires follow-up testing should be determined by the occupational health unit in the facility, or public health unit in the local jurisdiction of the exposure.

[2] For a definition of high incidence countries refer "AFMC Student Portal Immunization and Testing Guidelines" (https://afmcstudentportal.ca/wp-content/uploads/2024/05/AFMC-Student-Portal-Immunization-and-Testing-Guidelines-2024.pdf).

d. Chest X-Ray: If a student has a positive TST documented or any other positive TB history, the student must have a chest X-ray dated after the positive TST or other positive TB history. Please include the report or letter from a TB physician specialist or TB clinic report describing the film. A routine repeated or recent chest X-ray is not required unless there is a medical indication (e.g., symptoms of possible TB disease).

Chest X-ray required? □ **Yes** □ **No**

Chest X-Ray Date (dd/mm/yyyy):_____ Result**:** _____
** If any abnormalities of the lung or pleura are noted on the chest X-ray report, documentation from the physician is also required

7. COVID-19

COVID-19 vaccination and booster doses are **strongly recommended**. Students should remain up to date with annual COVID-19 vaccinations according to the National Advisory Committee on Immunization (NACI) guidelines. Students who have not had a primary series or do not receive additional boosters should be aware they may be limited from clinical placements in some organizations without documentation of vaccination. Students must adhere to the COVID-19 policies and outbreak protocols at their placement sites.

Please submit proof of any vaccinations received against COVID-19 to Synergy.

Vaccine 1 Vaccination Date (dd-mm-yyyy): _____
Vaccine 2 Vaccination Date (dd-mm-yyyy): _____
Vaccine 3 Vaccination Date (dd-mm-yyyy): _____
Vaccine 4 Vaccination Date (dd-mm-yyyy): _____

8. INFLUENZA

Annual vaccination is **strongly recommended** for influenza. Vaccines are typically available starting mid-October. Students who choose not to have an annual influenza vaccination should be aware they may be limited from clinical placements in some organizations without documentation of vaccination. Students must adhere to the influenza policies and outbreak protocols at their placement sites.

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

Student Name:_____ Student #: _____

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 sites and University of Toronto employees as appropriate.

Signature of Student:_____ Date: _____

PART 3: Health Care Provider (HCP) Information

Every HCP who completes any part of this form must complete this section.
The item(s) documented must be within the HCP's scope of practice.

HCP #1 AUTHORIZATION (To be completed by a health care professional; students cannot complete their own form):

I have read and understood the requirements as instructed on "Information and Instruction Guide for Immunization Record". I certify the above information is complete, accurate, and includes documentary proof of current immunization/immunity against specific diseases as required. 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

Signature of health care professional:_____ Date: _____

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

HCP #2 AUTHORIZATION (To be completed by a health care professional; students cannot complete their own form):

I have read and understood the requirements as instructed on "Information and Instruction Guide for Immunization Record". I certify the above information is complete, accurate, and includes documentary proof of current immunization/immunity against specific diseases as required. 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

Signature of health care professional:_____ Date: _____

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

Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form

This box is only to be completed by a student with ONE OR MORE of the following:

- A (previous) positive tuberculin skin test (TST)
  AND/OR
- A (previous) positive interferon gamma release assay (IGRA) blood test
  AND/OR
- Previous diagnosis and/or treatment for tuberculosis (TB) disease
  AND/OR
- Previous diagnosis and/or treatment for TB infection
  AND/OR
- Students who may have had a significant exposure[1] to infectious TB disease
  AND/OR
- Student spent time in a clinical setting with high-risk exposure to infectious TB
  AND/OR
- Student lived or worked in an area of the world with high TB incidence[2]

I acknowledge the following:

1) Sometimes an individual with TB infection may progress to active (infectious) TB disease. I acknowledge that this can happen even for individuals who have normal chest X-rays, and for those who were successfully treated for active TB disease or latent tuberculosis infection in the past.

2) Possible TB disease includes one or more of the following persistent signs and symptoms:
   - Cough lasting three or more weeks
   - Hemoptysis (coughing up blood)
   - Shortness of breath
   - Chest pain
   - Fever
   - Chills
   - Night sweats
   - Unexplained or involuntary weight loss

3) I have a professional duty to obtain a prompt assessment from a clinician if I develop signs and symptoms of possible TB disease.

Do you have any of the symptoms in the above list?

☐ **No** I do not have any of the above symptoms at the present time.

☐ **Yes** I have the following symptoms:
(Also attach correspondence from a clinician explaining the symptoms)

Last Name:_____ Given Name(s): _____

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

[1] Whether an exposure was significant and requires follow-up testing should be determined by the occupational health unit in the facility, or public health unit in the local jurisdiction of the exposure.
[2] For a definition of high incidence countries refer "AFMC Student Portal Immunization and Testing Guidelines" https://afmcstudentportal.ca/wp-content/uploads/2024/05/AFMC-Student-Portal-Immunization-and-Testing-Guidelines-2024.pdf).

*** INFORMATION and INSTRUCTION GUIDE FOR IMMUNIZATION RECORD ***

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 Synergy Gateway Inc. 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 primary series of Hepatitis B, including lab evidence of immunity (AntiHBs/HBsAb) must be provided at least one month after the vaccine series is complete. Anti-HBs over 10IU/L = immune (Section 1A). Lab evidence of immunity is sufficient if documentation of the primary series is unavailable.

Individuals who are non-immune (i.e., do not have the antibodies against HBsAg after immunization), must be screened for the surface antigen (HBsAg). Wait until 28 days after a hepatitis B immunization to avoid the possibility of a false positive HBsAg result. If the HBsAg result is positive, a further screen for e-antigen (HBeAg) must be performed (Section 1B).

Those who are non-immune and HBsAg negative require both additional vaccination(s) and to demonstrate lab evidence of immunity (Section 1C). The process is based on when the serology in part A was completed in relation to the end of the primary vaccination series:

- If the blood test identifying an inadequate serological response (anti-HBs < 10 IU/L) **was done one to six months after completing the vaccination series** and the student tests negative for HBsAG, the student should receive an additional primary series.

- If the initial negative antibody result (anti HBs < 10 IU/L) **was done more than 6 months after completing the vaccination series**, and the student is negative for HBsAg, a test for serological response could be done 30 days following the first booster in the second series. If the anti-HBs is >=10 IU/L, no further doses are needed. If an inadequate serological response is still found, continue with the remaining doses and repeat the serology test one month after completing the second series.

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, and VARICELLA:**

Students must demonstrate evidence of immunity. Only the following is acceptable as proof of immunity: documentation of the dates of receipt of vaccine(s) or positive titre results for antibodies with date. Please enclose lab reports for all titres. A history of chickenpox is insufficient for immunity.

If this evidence of immunity is not available, the student must receive the following **unless** they are pregnant. Both the MMR and Varicella vaccinations should not be administered to pregnant students. Students should also delay pregnancy for at least 4 weeks following vaccination.

- Varicella
  - VZV vaccine required.

- Measles and Rubella
  - Trivalent measles-mumps-rubella (MMR) vaccination(s) required

- Mumps
  - MMR vaccination required
    - If student had no previous doses of a mumps-containing vaccine – 2 doses required
    - If students had 1 previous dose of mumps-containing vaccine – 1 dose required

NOTE: Administration of a LIVE virus vaccine MAY interfere with TB skin testing unless both are administered on the SAME day or at least 28 days following vaccination.

3. **POLIO**
Primary immunization against polio is sufficient (oral included). In the absence of documentation of an original series, the student should receive an adult primary series consisting of at least 3 doses of inactivated polio vaccination (IPV).

4. **DIPTHERIA, TETANUS and ACELLULAR PERTUSSIS**:
Immunization against Diphtheria and Tetanus is generally valid for ten years. Maintenance of up-to-date immunization status is required. If the most recent booster is not within the last 10 years, a booster must be given. Administer Tdap (Adacel) if the student has not received this as an adult (18+).

A single dose of an Acellular Pertussis vaccine in the form of a Tdap (Adacel vaccine) is recommended if not previously received as an adult (18+). This is in addition to the routine adolescent dose. There is no contraindication in receiving Tdap in situations where the student has had a recent Td immunization.

5. **TUBERCULOSIS**:
Students should be assessed for a positive TB history. Any student with a positive TB test should not receive a repeat TST. Proceed to part D regarding Chest X-Rays, and then to the "Tuberculosis Awareness, and Signs and Symptoms of Self-Declaration Form".

Students without a positive TB history – documentation of a two-step TST with PPD/5TU is required (two separate tests, ideally 7-28 days apart but may be up to 12 months apart). A two-step TST given at any time in the past is acceptable; a two-step TST does not need to be repeated.

If the baseline two-step TST was completed **prior to** July 1st, 2026 – a one-step TST must also be performed **after** July 1st, 2026.

Note: 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. A TST can be given either before, the same day as, at least 28 days after a live virus vaccine

An Interferon Gamma Release Assays (IGRAs) test is acceptable when a TST is inaccessible (this is rare). Attach IGRA documentation showing results drawn after July 1st, 2026.

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 (use an alternate site);
- □ major viral infection (persons with a common cold may be tested); and/or
- □ live virus vaccine in the past 28 days

NOTE: Pregnancy is NOT a contraindication to performing a TST.

Interpretation of the TB Skin Test[1]	
TB Skin Test Reaction Size (mm induration)	**Situation in Which Reaction is Considered Positive**
<5 mm	In general, this is considered negative
≥ 5 mm	People living with HIV Known recent (<2years) contact with a patient with infectious TB disease Abnormal chest x-ray with fibronodular disease (evidence of healed, untreated TB) Prior to organ transplantation and receipt of immunosuppressive therapy Prior to receipt of biologic drugs such as tumor necrosis factor alpha inhibitors, or disease modifying antirheumatic drugs Prior to receipt of other immunosuppressive drugs such as corticosteroids (equivalent of ≥ 15 mg per day of prednisone for at least one month) Stage 4 or 5 chronic kidney disease (with or without dialysis).
≥ 10 mm	Any population considered at low risk for disease Recent (<2 years) conversion of TST from negative to positive Diabetes (controlled or uncontrolled) Malnutrition (<90% of ideal body weight) Current tobacco smoker (any amount) Daily consumption of >3 alcoholic drinks Silicosis Hematologic malignancies (lymphomas and leukemia) and certain carcinomas (such as cancers of head, neck, lung, and/or gastrointestinal tract)

Chest X-rays should be taken on students who:

i. are TB skin test positive and have never been evaluated for the positive skin test;
ii. had a previous diagnosis of tuberculosis but have never received adequate treatment for TB; and/or
iii. 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: 416-603-5800 ext. 4086). 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.

[1] Jonathon R. Campbell, Christopher Pease, Peter Daley, Madhukar Pai & Dick Menzies (2022). Table 1. Interpretation of TST results and cut off thresholds in various populations. Chapter 4: Diagnosis of tuberculosis infection, Canadian Journal of Respiratory, Critical Care, and Sleep Medicine, 6:sup1, 49-65, DOI: 10.1080/24745332.2022.2036503

6. **COVID-19**
   COVID-19 vaccination and booster doses are **strongly recommended.** Students who have not had a primary series or do not receive additional boosters should be aware they may be limited from clinical placements in some organizations without documentation of vaccination. Students must adhere to the COVID-19 policies and outbreak protocols at their placement sites.

7. **INFLUENZA:**
   Annual influenza vaccination is **strongly recommended**. Students who choose not to have an annual influenza vaccination should be aware they may be limited from clinical placements in some organizations without documentation of vaccination. Students must adhere to the influenza policies and outbreak protocols at their placement sites.

REFERENCES and RESOURCES:

- Council of Ontario Faculties of Medicine. *COFM Immunization and Screening Policy.* April 2022.
- Year One Student Immunization Record, Undergraduate Medical Education, University of Toronto, Faculty of Medicine, 2026
- Returning Student Immunization Record, Undergraduate Medical Education, University of Toronto, Faculty of Medicine, 2026
- Immunization Record First Year Students, University of Toronto, Leslie Dan Faculty of Pharmacy, 2026
- Ontario Hospital Association, Communicable Diseases Surveillance Protocols (Available from: https://www.oha.com/guidance-and-resources/hospital-policies-and-operations/communicable-diseases-surveillance-protocols)
- Centers for Disease Control and Prevention (Available from: http://www.cdc.gov/)
- National Advisory Committee on Immunization (NACI) (Available from: http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php)