LAWRENCE BLOOMBERG FACULTY OF NURSING UNIVERSITY OF TORONTO | Bloomberg Nursing

2026-2027 RETURNING STUDENT IMMUNIZATION RECORD

Student Given Name(s):_____ **Student Number:**_____

Program:_____ **Student Email:** _____

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.6-7).

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 form except for the student authorization section on p.4.

1. TUBERCULOSIS (TB)

Completion of this section is mandatory for all students previously identified as tuberculin negative – proceed to part a) below.

Students previously identified as tuberculin positive do not require additional testing - proceed to the "Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form" (p.5).

a. Most recent TST: A 1-step TST must be completed after July 1st, 2026.

Step	**Date Administered** (dd/mm/yyyy)	**Date Read** (dd/mm/yyyy)	**Induration** (mm)	**Interpretation of Induration - Negative or Positive*** (see interpretation table p. 7)
1				

*Positive TST – proceed to "Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form" (p.5).

b. Provide responses to the following three statements regarding the student's experience since completing the "New Student Immunization Record" prior to entering year 1.

- ☐ **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.5)

[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).

c. 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.

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.

2. DIPHTHERIA / TETANUS

If the most recent booster is not within the last 10 years, a booster must be given. Must be valid through June 30th, 2027.

Last dose received (dd/mm/yyyy): _____

3. 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 (new) vaccinations received against COVID-19 since Summer/Fall 2025 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): _____

4. INFLUENZA

Annual vaccination is strongly recommended for seasonal influenza. Vaccines are typically available starting mid-October. Students who choose not to have an annual influenza vaccination should be aware that they may be limited from clinical placements in 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 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 center/hospital where form was complete**

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. **DIPTHERIA AND TETANUS:**
   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) is the student has not received this as an adult (18+).

2. **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.

3. **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.

4. **TUBERCULOSIS**:
   Any student with a previous positive TB test should not receive a repeat TST. Proceed to the "Tuberculosis Awareness, and Signs and Symptoms of Self-Declaration Form".

   Students without a positive TB history – must receive a one-step TST after July 1st, 2026 to ensure validity through June 30th, 2027.

   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: 416-603-5853). 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.

[1] Jonathon R. Campbell, Christopher Pease, Peter Daley, Madhukar Pai & Dick Menzies (2022). Table 1. Interpretation of TST results and cutoff 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

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: http://oha.ca/)
- 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)