



IMMUNIZATION Requirements

There are **TWO** components to the Immunization requirements:

1. Mandatory Admission Requirements- these must be completed **BEFORE** you will receive final admission to the program.
2. Program Requirements- these must be completed and submitted to the Program Chair or designated instructor **during the first week of the program.**

Mandatory Admission Requirements:

Tuberculin (TB) Test: A statement of a "CLEAR" report with the last 6 months must be submitted PRIOR to registration in the Health and Social Service Programs. A "CLEAR" report consists of a negative TB test or adequate follow-up (usually a Chest X-ray and report). This information must be submitted to **Registrar's Office**

Program Requirements:

The Health Programs (BSN, PN, HCA, TAD, Pharm Tech) require a copy of the **Okanagan College Immunization Record** (the 2 page document included in this mail out) must be received by the program Chair or designated instructor the first week of school. If this is not possible by the first week, it is your responsibility to discuss with the Program Chair when the form can be handed in.

Applicants are advised that **Health Authorities** in BC require all individuals working in health care, including students, to follow ***provincial and BC health agencies' immunization policies and guidelines.***

Health care students are at risk of exposure to communicable diseases because of their contact with patients or material from patients with infections, both diagnosed and undiagnosed. Maintenance of immunity against vaccine-preventable diseases is an integral part of a health care facility's occupational health program. Optimal immunization for health care students will not only safeguard their own health but may also protect patients from becoming infected by a nursing student.

Students should be aware that failing to be immunized may restrict a student's educational opportunity and ability to fulfill requirements for graduation. Health programs will not distinguish between students who decline immunization for medical or personal reasons and students who are unable to provide proof of immunization. Students who are unable to provide proof of immunization or immunity will be treated as **non-immunized**. This may restrict or even exclude a student from practice settings based on the Health Facility or Health Authorities policies and procedures for placement of non-immunized students. **This may jeopardize the student's ability to complete the clinical requirements of their respective program.**

Please note: Keep a copy of the Immunization Record. Future employers will require an immunization

record.

Process for Completing the Okanagan College Immunization Record

The student should make an appointment with their health care provider, bring to that appointment a copy of all childhood or previous immunization records, and have the IMMUNIZATION RECORD form completed and ***signed by the health care provider.***

The completed **Okanagan College Immunization Record** will provide the evidence of the required immunizations. It must be submitted to the Program Chair or designated Instructor.

If you wish to update your Immunizations, they are available from your family physician, from community health centers, or ***Travel Medicine & Vaccination Clinics*** (<http://www.tmvc.com/>).

Influenza Vaccines (aka flu vaccine)

Influenza vaccines are not on the Immunization Record as they are an annual vaccine that is available generally in November each year.

As part of the BC Influenza Control Program Policy introduced last year, any individual covered by the policy (including unionized and excluded employees, credentialed professionals, physicians, **students**, volunteers, contractors, vendors and visitors) will be required to protect against influenza **by either receiving a flu shot or wearing a mask while in a patient care area during the flu season.** Generally the time frame for non-immunized individuals being required to wear a mask is November through to March.

All students are responsible for obtaining and keeping proof of influenza vaccination. Failure to provide proof to your clinical teacher will mean you will be required to wear a mask all shift while in patient care areas.

Students who cannot be immunized because of allergies, pregnancy, or for other reasons must provide a letter from a health care provider to that effect.

BE ADVISED:

Regardless of the reason, you will be excluded from a clinical site during an outbreak if you are not immunized against the infectious agent. This will result in missed time that cannot be made up and may result in a failure.

Declaration

I have read the above information and I am aware of the risks and implications to me if I choose not to receive the recommended immunizations.

Name (Print Please) _____

Signature _____ Date _____

<p>HEPATITIS B MET REQUIREMENT <input type="checkbox"/></p> <p><i>If necessary, this series may be initiated upon entry into your program.</i></p> <p><i>Antibody testing should be done within 1 to 6 months after immunization is completed, and follow up immunizations would be recommended as necessary.</i></p> <p><input type="checkbox"/> Titre Positive <input type="checkbox"/> Titre Negative <input type="checkbox"/> Immunized</p> <p style="text-align: right;">Admin Date 1: _____ Admin Date 2: _____ Admin Date 3: _____</p> <p><input type="checkbox"/> Not Immunized <input type="checkbox"/> Deferred – Medical Reasons <input type="checkbox"/> Non-Responder <input type="checkbox"/> Unknown</p> <p>HEPATITIS SEROLOGY</p> <p>HBsAb</p> <p><input type="checkbox"/> Negative Test Date: _____ <input type="checkbox"/> Positive Test Date: _____ <input type="checkbox"/> Not Required <input type="checkbox"/> Unknown</p> <p>HBsAg</p> <p><input type="checkbox"/> Negative Test Date: _____ <input type="checkbox"/> Positive Test Date: _____ <input type="checkbox"/> Not Required <input type="checkbox"/> Unknown</p>	<p>TUBERCULOSIS MET REQUIREMENT <input type="checkbox"/></p> <p><i>All nursing students should have a TB skin test within the past 6 months, prior to commencement in the program, unless they are a known positive reactor.</i></p> <p><i>Chest X-ray: Those with a known positive reaction in the past should have a chest X-ray unless there is proof of a previous chest X-ray results within 6 months.</i></p> <p><i>If the skin test is positive, a chest X-ray is required. The report of this X-ray must be provided with this document and it must be current to within six months of entry into the program.</i></p> <p>MANTOUX TEST</p> <p><input type="checkbox"/> Less than 10 Test Date (Step 1): _____ <input type="checkbox"/> Less than 10 Test Date (Step 2): _____ <input type="checkbox"/> Greater than 10 Test Date (Step 1): _____ <input type="checkbox"/> Greater than 10 Test Date (Step 2): _____ <input type="checkbox"/> Not Required <input type="checkbox"/> Unknown</p> <p>CHEST X-RAY</p> <p><input type="checkbox"/> Negative – No Follow Up X-ray Date: _____ <input type="checkbox"/> Positive – Follow up Needed X-ray Date: _____ <input type="checkbox"/> Positive – Follow up Done=Cleared X-ray Date: _____ <input type="checkbox"/> Not Required <input type="checkbox"/> Unknown</p>
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TB TESTING NOTES:

IMMUNIZATION NOTES:

<p>Student Signature:</p> <p>_____</p> <p><i>I certify that the above information is accurate and up-to-date</i></p>	<p>Date:</p> <p>_____</p>
<p>Health Care Provider Signature:</p> <p>_____</p> <p>Date:</p> <p>_____</p>	<p>Name/Stamp of Health Care Provider reviewing this document</p> <p>_____</p>
<p>For Educational Institution Use Only</p> <p>Date Form Received: _____</p> <p>Received By: _____</p>	<p>Date Immunizations Completed:</p> <p>_____</p>