

IMMUNIZATION Requirements

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

- Mandatory Admission Requirements- these must be completed BEFORE you will receive final admission to the program.
- 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

receive the recommended immunizations.	plications to the if I choose not to
Name (Print Please)	-
Signature	Date

Okanagan College IMMUNIZATION RECORD

NAME:			MAIDEN NAME:				
(Last)	(First)	(Initial)		(If applicable)			
ADDRESS							
ADDRESS:	(Street)		(City)				
	(====,		(* 11)				
	(Province)		(Postal Code)				
DUONE	, ,		. ,				
PHONE:(Inc	lude area code)		Email:				
, ,	,						
DATE OF BIRTH:	Studer	nt ID#:					
*Please list FULL dates for immunizations (DD/MM/YY)							
DIDUTUEDIA / TETANUS			MI IMPS PROTECTION: Two doses	of MMP are recommended for all			
DIPHTHERIA / TETANUS Diphtheria & Tetanus Toxoid hoo	= -	JIREMENT s or a minimum		MUMPS PROTECTION: Two doses of MMR are recommended for all Individuals born on or after Jan. 1, 1970; one dose is recommended for all			
Diphtheria & Tetanus Toxoid booster dose every 10 years or a minimum of at least once during adult life.			individuals born Jan. 1, 1957 to Dec. 31, 1969 who do not have evidence				
Deferred			of mumps immunity.				
□ Not Immunized			Assumed immunity	Year:			
Immunized	Immunization Date:		Titre Positive	Titre Date:			
Unknown	illillidilization bate.		☐Titre Negative	Titre Date:			
DOTIKNOWN			☐Immunized	Admin Date 1:			
TDAP	MET REQU	JIREMENT 🗆	Deferred – Medical Reasons	Admin Date 2:			
Deferred			Confirmed Immunity				
□Not Immunized			Unknown				
☐Immunized	Immunization Date:		Lighthown				
□Unknown			RUBELLA PROTECTION:				
			A single dose of MMR are recommended for all individuals who do not have evidence of rubella immunity. One dose is considered evidence of				
POLIO MET REQUIREMENT □			immunity to rubella.	y. One dose is considered evidence of			
Primary course of poliovirus (OP inactivated poliomyelitis vaccine		munization with					
mactivatea ponomyentis vacente	. (II V).		☐ Assumed immunity Titre Positive	Year:			
Primary Series (3 doses) in early	childhood		Title Positive	Titre Date:			
Deferred			Titre Negative	Titre Date:			
□Not Immunized			1_				
☐Immunized	Admin Date:		☐Immunized	Admin Date 1:			
	Reinforcing Dose:			Admin Date 2:			
□Not Immunized			☐ Deferred – Medical Reasons ☐ Confirmed Immunity				
MEASLES / MUMPS / RUBELLA	MFT REOL	JIREMENT 🗆					
Documented physician-diagnose	-		Gilkilowii				
Measles, Mumps and Rubella (N	1MR) vaccines.		VARICELLA	MET REQUIREMENT			
MEASLES PROTECTION: Two doses of MMR are recommended for all For those v		For those who do not have either	reliable history of disease or serologic				
individuals born on or after Jan. 1, 1957 who do not have a history of lab		evidence of immunity (Varicella lgG titre) two doses of vaccine are					
confirmed measles disease.			recommended.				
☐ Assumed immunity	Year:		☐Assumed immunity	Year:			
☐Titre Positive	Titre Date:		☐Titre Positive	Titre Date:			
☐Titre Negative	Titre Date:		☐Titre Negative	Titre Date:			
☐Immunized	Admin Date 1:		☐Immunized	Admin Date 1:			
	Admin Date 2:			Admin Date 2:			
☐Deferred – Medical Reasons			Deferred – Medical Reasons				
☐Confirmed Immunity			☐Confirmed Immunity ☐Unknown				
□Unknown			I MOUKNOWN				

HEPATITIS B If necessary, this series may be in	MET REQUIREMENT Itiated upon entry into your program.	TUBERCULOSIS	MET REQUIREMENT
Antibody testing should be done			a TB skin test within the past 6 months, rogram, unless they are a known positive
☐Titre Positive☐Titre Negative		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.	
□Immunized	Admin Date 1:Admin Date 2:Admin Date 3:		X-ray is required. The report of this X-ray nent and it must be current to within six n.
□ Not Immunized □ Deferred – Medical Reasons □ Non-Responder		MANTOUX TEST Less than 10	Test Date (Step 1):
□Unknown HEPATITIS SEROLOGY HBsAb		□Less than 10 □Greater than 10 □Greater than 10	Test Date (Step 2): Test Date (Step 1): Test Date (Step 2):
□Negative □Positive	Test Date:	□Not Required □Unknown	
□Not Required □Unknown HBsAg □	T		X-ray Date:
□Negative □Positive □Not Required □Unknown	Test Date:	☐ Positive — Follow up Done=Clear ☐ Not Required ☐ Unknown	red X-ray Date:
TB TESTING NOTES:			
IMMUNIZATION NOTES:			
Student Signature:		Date:	
I certify that the above information	is accurate and up-to-date		
Health Care Provider Signature:		Name/Stamp of Health Care Provid	der reviewing this document
Date:	alı.	Date Immunizations Completed	
For Educational Institution Use O	ш у	Date Immunizations Completed:	
Received By:			