

Instructions for Completion of the Record of Immunization

It is a requirement of your program to have this form completed and signed by a health care professional (registered nurse, physician). You must bring all your childhood and previous immunization records to complete the forms.

Step #1:

To obtain copies of immunizations that you have received:

- Ask your parents if they have a copy of your childhood record (your baby book)
- Check with the Local Public Health Office where you grew up and/or attended school.
Edmonton: Immunization Records contact number: 780-413-7985
Calgary Airdrie & Cochrane: Immunization Records contact number: 403-214-3641
Elsewhere in Alberta: contact the local Public Health Centre where you were vaccinated as a child and/or attended school.
Outside the Province of Alberta: The Canadian Coalition for Immunization Awareness
<http://immunize.ca/en/publications-resources/links.aspx> has contact information for all health authorities for every province and territory in Canada.
- Check with your Family doctor to see if he/she has records.
- Check with Occupational Health & Safety department of previous employer
- Check previous post-secondary institution

If you are unable to obtain a record of your immunization history or were never immunized you will be required to receive immunizations to study/practice in a health care field.

Your program of study is not responsible for keeping your immunization records. They are only responsible for ensuring that you are adequately immunized. It is the students' responsibility to ensure the record of immunization and all changes are provided to their program office.

These are YOUR records so keep them in a safe place as future employers may request them.

Step #2

If you live in Edmonton and surrounding area:

Make an appointment with the Alberta Health Services Immunization Business Unit at (780) 735-0100 and identify yourself as a post-secondary student. Bring a copy of your past immunization records and the Record of Immunization form you received in your application package to your appointment. During this visit the nurse can advise you of the number of additional visits and costs to complete all the immunizations you need.

Address

Alberta Health Services Immunization Business Unit
Seventh Street Plaza
North Tower Suite 440, 1/2 block south of Jasper on 107 Street near Corona LRT Station
10030 - 107 Street
Edmonton, Alberta
780-735-0100

If you live outside of Edmonton and the surrounding area:

You can receive the vaccines required at your local health unit. Take a copy of your past immunization records and the Record of Immunization form you received in your application package to your appointment. During this visit the nurse can advise you of the number of additional visits and costs to complete all the immunizations you need.

Students are responsible for fees associated with the assessment of immunization status and administration of immunizations. There will be fees for each clinic visit.

The completed form must be submitted to the post secondary health services office/ program office depending on the institution. Your clinical placement may be restricted, limited or denied if you do not have current and complete immunizations. This can affect your ability to continue in the program.

Alberta Health Services Standards For Immunization of Post-Secondary Health Care Students

Immunization Requirements will be assessed based on the post-secondary programs' individual requirements as per Alberta Health.

1. Tetanus/Diphtheria(Td) and/or Pertussis (Whooping Cough) (dTap):

Documentation of primary series (3 doses over a 6 month period) - usually given in childhood; one reinforcing(booster) dose of pertussis after the age of 18 and a reinforcing dose of diphtheria/tetanus every ten (10) years;

2. Polio:

Due to low risk of exposure to polio in Alberta immunizations are not necessary for health care students. Individuals will be assessed upon employment.

3. Measles (Rubeola), Mumps, Rubella(German Measles) : (MMR)

2 documented doses of MMR (given over a 4 week period) regardless of their year of birth who do not have documented history of 2 valid doses of measles and mumps vaccine

4. Hepatitis B:

Not required for all programs - assessed by health care professional based on Alberta Health guidelines.

Documentation of a series of three (3) doses given over a six (6) month period and a positive antibody titre a minimum of 1 month after completion of the series. (Titre measures if a person is protected against disease; a positive titre indicates protection; a negative titre indicates no protection and a booster dose of vaccine is recommended followed by a repeat blood test.)

5. Varicella (Chickenpox):

Reported history of chicken pox disease or immunization (1 dose before age 13 or 2 doses after age 13; given over a 6 week period) or blood work indicating protection.

6. Tuberculin Skin Test (TST) (also known as a TB or Mantoux Test):

Not required for all programs - assessed by health care professional based on Alberta Health guidelines

TST test within one year (1 year) of program start. Two (2) appointments are required (one for the test and one for the read 48 to 72 hours later).

A positive TB test requires a Chest X-Ray within six (6) months of program start.

7. Seasonal Influenza vaccine

Recommended every fall as influenza vaccine changes yearly. It is not mandatory; however, if you decline this vaccine it may affect your practicum or clinical placement.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The personal information requested on the record of immunization is being collected under the authority of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of processing your admission. It will be disposed of approximately one year after the conclusion of your studies in this program. Student personal information may be disclosed to academic and administrative units according to college policy, federal and provincial reporting requirements, information sharing agreements, and to contracted or public health care providers as required. Direct questions expressly related to the collection and use of this information should be directed to your program.

Name: _____ <small>Last Name (Please print)</small>	First Name _____	Middle Initial _____	DOB: _____ <small>DD / MMM / YYYY</small>
Home or Cell number: (____) _____ - _____		Student ID: _____	
School: _____	Program: _____	Start Date: _____	

Tetanus, Diphtheria & Pertussis	Polio	Measles, Mumps & Rubella	Varicella
Dates of primary series: #1 _____ #2 _____ #3 _____ Booster: Td / dTap: _____ <small>(circle one) (date)</small>	<input type="checkbox"/> Not required for this program: Date: _____ Dates of primary polio series: #1 _____ #2 _____ #3 _____ Booster: _____ <small>(date)</small>	MMR dates #1 _____ #2 _____ Measles Date: _____ Mumps Date: _____ Rubella Date: _____	<input type="checkbox"/> Had disease Immunization date(s): _____ <input type="checkbox"/> Positive serology on: Date: _____ <input type="checkbox"/> Sent for serology: Date: _____ <small>(Results will be mailed to student)</small>

Hepatitis B	Influenza
<input type="checkbox"/> Not required for this program: Date: _____ Dates of primary hep B series: #1 _____ #2 _____ #3 _____ Booster(s), if necessary: Date: _____ Date: _____ Date: _____	<input type="checkbox"/> Hep B vaccine not recommended for student <input type="checkbox"/> Positive serology on: Date: _____ <input type="checkbox"/> Sent for serology: Date: _____ <small>(Results will be mailed to student)</small> <input type="checkbox"/> Sent for serology: Date: _____ <small>(Results will be mailed to student)</small>
Immunized: _____ <small>(date)</small> Declined: _____ <small>(date)</small>	

TB / Mantoux Skin Test	
<input type="checkbox"/> Not required for this program: _____ <small>(date)</small>	<input type="checkbox"/> Previous positive - Sent for chest x-ray: _____ <small>(Results will be mailed to student) (date)</small>
TB Testing: 1 st test _____ Read: _____ Result: _____ mm <small>(date) (date)</small> 2 nd test _____ Read: _____ Result: _____ mm <small>(if required) (date) (date)</small>	Follow-up: Sent for chest x-ray: Date: _____ <small>(Results will be mailed to student)</small>

Please note: Your school or agency will NOT receive a copy of any mailed results.

Name: _____ Student ID: _____
Last Name First Name

Health Care Professional Verification		
<p>This verifies the above individual has completed the first dose of recommended immunizations and a TB skin test, if applicable.</p>		<p style="text-align: center;">Health Unit Stamp</p>
<p>_____ RN Signature</p>	<p>_____ Date</p>	
<p>This verifies the above individual has completed all recommended immunizations (including a TB skin test, if applicable), and has been sent for post Hepatitis B series serology, if needed.</p>		<p style="text-align: center;">Health Unit Stamp</p>
<p>_____ RN Signature</p>	<p>_____ Date</p>	

School/Agency Verifications		
<p>_____ Name/Signature</p>	<p>_____ Date</p>	<p style="text-align: center;">School/Agency Stamp</p>
<p>_____ Name/Signature</p>	<p>_____ Date</p>	