



## Collège communautaire du Nouveau-Brunswick

### Immunization

*This form should be printed on both sides, if possible.*

#### General directives:

Some training programs require students to have up-to-date immunization records in order to comply with the requirements of certain workplaces such as hospitals, nursing homes, daycares and other residential facilities. To review their records and update them, students must contact the appropriate authority (public health services, nurse, nurse practitioner or doctor). Students are required to keep a copy of their immunization records as they may be asked to provide proof of up-to-date immunization.

- **Anyone who does not meet the requirements will be refused access to clinical practicums.**
- **This form must be completed and returned to the designated person (program coordinator or person responsible for the form) at the start of the program.**

#### Student information:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_  
                  Y / M / D

Program name: \_\_\_\_\_

#### For the appropriate authority:

Immunization records updated (on this form) on: \_\_\_ / \_\_\_ / \_\_\_  
  Y / M / D

Name (please print): \_\_\_\_\_ Profession: \_\_\_\_\_

Signature: \_\_\_\_\_

*Address and stamp (if applicable):*

## POLIO (IPV)

**Requirement:** Written proof of having received the **four (4) primary doses**.

- Specify dates : # 1 : \_\_\_ / \_\_\_ / \_\_\_ # 2 : \_\_\_ / \_\_\_ / \_\_\_ # 3 : \_\_\_ / \_\_\_ / \_\_\_ # 4 : \_\_\_ / \_\_\_ / \_\_\_  
Y / M / D Y / M / D Y / M / D Y / M / D  
Verified by: \_\_\_\_\_

The fourth dose of polio is not required if the third dose was given on the fourth anniversary or after.

Polio vaccination is required only for adults who have not been immunized or whose polio immunization is unknown (absence of written proof of immunization) **and** who could be exposed to a case of wild polio imported into Canada, or who are going to an area where there are polio outbreaks. Polio still exists and is endemic in some parts of the world. The latest version of the Canadian Immunization Guide from the Public Health Agency of Canada website will provide the name of the countries at risk.

Therefore, a student may be from an area where polio is still present, but if the student has left that endemic region for more than six months and does not plan to return, the polio immunization is not required. Also, the polio immunization is not required for the students who do not have a written proof of their immunization, as long as they do not plan on visiting an endemic country mentioned in the latest version of the Canadian Immunization Guide.

### ***If no polio vaccination has been received and does not require polio immunization:***

- Non applicable

Signature: \_\_\_\_\_

### ***If no polio vaccination has been received, but requires polio immunization***

- Polio vaccination #1: \_\_\_ / \_\_\_ / \_\_\_  
Y / M / D

Administered by: \_\_\_\_\_  
Name of vaccine: \_\_\_\_\_

- Polio vaccination # 2: \_\_\_ / \_\_\_ / \_\_\_  
Y / M / D  
(4 to 8 weeks after the first dose)

Administered by: \_\_\_\_\_  
Name of vaccine: \_\_\_\_\_

- Polio vaccination # 3: \_\_\_ / \_\_\_ / \_\_\_  
Y / M / D  
(6 to 12 months after the second dose)

Administered by: \_\_\_\_\_  
Name of vaccine: \_\_\_\_\_

## TETANUS, DIPHTHERIA AND ACELLULAR PERTUSSIS

**Requirement:** Written proof of having received **at least three vaccinations (primary series)** against diphtheria and tetanus (Td), one dose of which should be the vaccine against tetanus, diphtheria and acellular pertussis (Tdap). A Tdap booster in adolescence and adulthood is required. A Td booster every 10 years in adulthood is required. A student who received the vaccine (Tdap) in adolescence must wait five (5) years before receiving a booster in adulthood.

- Specify dates: # 1 : \_\_\_ / \_\_\_ / \_\_\_ # 2 : \_\_\_ / \_\_\_ / \_\_\_ # 3 : \_\_\_ / \_\_\_ / \_\_\_ Verified by: \_\_\_\_\_  
Y / M / D Y / M / D Y / M / D  
 Specify the date of the most recent Tdap dose: \_\_\_ / \_\_\_ / \_\_\_  
(Within the past five years) Y / M / D

## TETANUS, DIPHTHERIA AND ACELLULAR PERTUSSIS (cont'd)

### First missed vaccination or lack of written proof:

- Vaccination # 1 (Tdap) (as soon as possible): \_\_\_ / \_\_\_ / \_\_\_ Administered by: \_\_\_\_\_  
Y / M / D Name of vaccine: \_\_\_\_\_
- Vaccination # 2 (Td): \_\_\_ / \_\_\_ / \_\_\_ Administered by: \_\_\_\_\_  
Y / M / D Name of vaccine: \_\_\_\_\_  
(4 to 8 weeks after the first dose)
- Vaccination # 3 (Td): \_\_\_ / \_\_\_ / \_\_\_ Administered by: \_\_\_\_\_  
Y / M / D Name of vaccine: \_\_\_\_\_  
(6 to 12 months after the second dose)

## INFLUENZA

**Recommendation:** Annual flu immunization is **highly recommended**. Students can receive the vaccination during the annual immunization campaign.

In some practicum settings, when additional precautions are necessary to prevent nosocomial transmission of influenza, as recommended by the infection prevention and control service, students who have not received the annual influenza vaccine must wear a surgical mask at all times when they are within 1.8 metres (6 feet) of a patient. Students who refuse to follow this instruction will be required to leave the practicum setting.

It should be noted that the vaccine against influenza is mandatory in some practicum settings.

Date of most recent vaccination, if applicable:

Date: \_\_\_ / \_\_\_ / \_\_\_  
Y / M / D

## MEASLES, MUMPS AND RUBELLA (MMR)

### Requirements:

- ✓ Full immunization with **two vaccines**.
- ✓ Students born in 1970 or later must present written proof of having received two doses of the MMR vaccine. No titration is therefore necessary. Students with no written proof must receive the two vaccines.
- ✓ For students born before 1970, a serologic test for the measles, mumps and rubella antibodies is mandatory. If the serologic test shows no immunity for any of these three viruses, one or two doses of the MMR vaccine must be administered.

Specify dates: #1 : \_\_\_ / \_\_\_ / \_\_\_ #2 \_\_\_ / \_\_\_ / \_\_\_ Verified by: \_\_\_\_\_  
Y / M / D Y / M / D

### If no vaccine has been received:

- MMR vaccine # 1: \_\_\_ / \_\_\_ / \_\_\_ Administered by: \_\_\_\_\_  
Y / M / D Name of vaccine: \_\_\_\_\_
- MMR vaccine # 2: \_\_\_ / \_\_\_ / \_\_\_ Administered by: \_\_\_\_\_  
Y / M / D Name of vaccine: \_\_\_\_\_  
(One month after the first dose)

## MEASLES, MUMPS AND RUBELLA (MMR) (Cont'd)

### Required titration (for students born before 1970):

Measles titration IgG – date: \_\_\_ / \_\_\_ / \_\_\_ Result:  positive Verified by: \_\_\_\_\_  
(If positive = immunized) Y / M / D  negative  
(If negative or inconclusive → must receive two MMR vaccines)

Rubella titration IgG\* – date: \_\_\_ / \_\_\_ / \_\_\_ Result:  positive Verified by: \_\_\_\_\_  
Y / M / D  negative

\*Interpretation: positive  $\geq 10$  UI/ML: patient immunized  
negative  $\leq 10$  UI/ML : patient not immunized → must receive one MMR vaccine

Mumps titration IgG – date: \_\_\_ / \_\_\_ / \_\_\_ Result:  positive Verified by: \_\_\_\_\_  
(If positive = immunized) Y / M / D  negative  
(If negative or inconclusive → must receive two MMR vaccines)

## VARICELLA

**Requirement:** Written proof of having received **two doses** of the varicella vaccine or written serologic proof confirming immunity.

Specify dates: # 1 : \_\_\_ / \_\_\_ / \_\_\_ # 2 : \_\_\_ / \_\_\_ / \_\_\_ Verified by: \_\_\_\_\_  
Y / M / D Y / M / D

Varicella titration IgG – date: \_\_\_ / \_\_\_ / \_\_\_ Result:  positive Verified by: \_\_\_\_\_  
Y / M / D  negative

(If positive = immunized) (If negative or inconclusive → must receive two varicella vaccinations)

### If no vaccine has been received:

Vaccination # 1 : \_\_\_ / \_\_\_ / \_\_\_ Administered by: \_\_\_\_\_  
Y / M / D Name of vaccine: \_\_\_\_\_

Vaccination # 2 : \_\_\_ / \_\_\_ / \_\_\_ Administered by: \_\_\_\_\_  
Y / M / D Name of vaccine: \_\_\_\_\_

(4 to 6 weeks after the first dose)

## TUBERCULOSIS

**Requirement:** A **two-steps** TST (**tuberculin skin test**) is mandatory.

The TST is done in two steps. The second step is repeated one to four weeks after the first step. Ideally, the second TST is administered to the opposite forearm used for the first test.

All subsequent TCTs can be administered in one step. Proof must be provided indicating that the one step TCT is sufficient.

Previous BCG vaccination – date: \_\_\_ / \_\_\_ / \_\_\_ (This is not a contraindication to undergoing the TST.)  
Y / M / D (not mandatory vaccine)

## TUBERCULOSIS (cont'd)

### TST No. 1:

Date of injection: \_\_\_ / \_\_\_ / \_\_\_  
Y / M / D

Administered by: \_\_\_\_\_

Date of reading: \_\_\_ / \_\_\_ / \_\_\_  
(48 to 72 hours postinjection)  
Y / M / D

Result (induration): \_\_\_ mm Read by: \_\_\_\_\_

**\*\*\* If the first test shows an induration of  $\geq 10$  mm, a second TCT is not necessary \*\*\***

### TST No. 2 (one to four weeks after test No. 1):

Date of injection: \_\_\_ / \_\_\_ / \_\_\_  
Y / M / D

Administered by: \_\_\_\_\_

Date of reading: \_\_\_ / \_\_\_ / \_\_\_  
(48 to 72 hours postinjection)  
Y / M / D

Result (induration): \_\_\_ mm Read by: \_\_\_\_\_

**NOTE:** If the TST shows an induration of  $\geq 10$  mm, a medical consultation is required. It would then be necessary to provide written proof confirming that the doctor has investigated the test. (including a chest X-ray) It is also necessary to provide and a medical note certifying that the students fit for clinical practicums.

## HEPATITIS B

Although hepatitis B vaccine is desirable for everyone, it is mandatory for students who may be exposed to blood, blood products, or bodily fluids that may be contaminated by the hepatitis B (HB) virus.

**Requirement:** Written proof of having received **three** hepatitis B vaccinations and a blood test (titration) indicating an antibody rate (anti-HBs) of  $\geq 10$  mIU/mL.

Specify dates: # 1: \_\_\_ / \_\_\_ / \_\_\_ # 2: \_\_\_ / \_\_\_ / \_\_\_ # 3: \_\_\_ / \_\_\_ / \_\_\_ Verified by: \_\_\_\_\_  
Y / M / D Y / M / D Y / M / D

Anti-HBs titration – date: \_\_\_ / \_\_\_ / \_\_\_ Result: \_\_\_ mIU/mL Verified by: \_\_\_\_\_

If a booster is necessary – date: \_\_\_ / \_\_\_ / \_\_\_ Administered by: \_\_\_\_\_  
Y / M / D

### ***If no vaccine has been received:***

#### First dose :

Hepatitis B vaccine received on: \_\_\_ / \_\_\_ / \_\_\_ Administered by: \_\_\_\_\_  
Y / M / D Name of vaccine: \_\_\_\_\_

#### Second dose (one month after the first dose):

Hepatitis B vaccine received on: \_\_\_ / \_\_\_ / \_\_\_ Administered by: \_\_\_\_\_  
Y / M / D Name of vaccine: \_\_\_\_\_

#### Third dose (five months after the second dose):

Hepatitis B vaccine received on: \_\_\_ / \_\_\_ / \_\_\_ Administered by: \_\_\_\_\_  
Y / M / D Name of vaccine: \_\_\_\_\_

#### Hepatitis B titration (one month after the series of vaccines has been administered):

Hepatitis B titration – date: \_\_\_ / \_\_\_ / \_\_\_ Result: \_\_\_ mIU/mL Verified by: \_\_\_\_\_  
(  $\geq 10$  mIU/mL = immunized and   $< 10$  mIU/mL = not immunized)

**NOTE:** If not immunized after the first three doses ( $< 10$  mIU/mL), the doses will continue (up to a maximum of six) until immunization is achieved. Titration must be done one month after each additional dose.

