

**Practicum Health Form
Simcoe/Norfolk Regional Campus**

Student Information

Name: _____

Student ID: _____

Email: _____

Phone Number: _____

Program Name: _____

Year: _____

IMPORTANT: A copy of your immunization and any lab results must be submitted to Synergy for clearance.

To Be Completed by a Health Care Provider

Health Care Provider Signature and Office Stamp

Name: _____

OFFICE STAMP

Signature: _____

Date: _____

Tuberculosis: The student must provide proof of a two-step Tuberculosis Mantoux skin test. If there is record of a two-step TB skin test in the past, dates and results must be recorded and followed up with a one-step TB skin test (if more than 12 months have passed). Documentation of the tuberculosis skin test is required regardless of receiving the BCG vaccine. Students with a positive skin test (10mm or more in duration) must have a chest x-ray.

Two Step Tuberculosis Skin Test

Step 1: Date given (dd/mm/yy): _____

Date read (dd/mm/yy): _____

Result: _____

Step 2: Date given (dd/mm/yy): _____

Date read (dd/mm/yy): _____

Result: _____

One Step Tuberculosis Skin Test

Step 1: Date given (dd/mm/yy): _____

Date read (dd/mm/yy): _____

Result: _____

Students with a positive skin test (10mm or more in duration) must have a chest x-ray. A copy of the chest x-ray must be attached.

Date of x-ray (dd/mm/yy): _____

Result: _____

Mumps, Measles, Rubella (MMR): Proof of immunity to Mumps, Measles and Rubella or documented proof of the 2 dose series is required. If no immunity, the student must provide proof that they have received 2 doses of the MMR vaccine.

1. **Immunity to MMR:** Evidence of immunity to Mumps, Measles and Rubella. **A copy of the lab report must be attached.**

Date blood work completed (dd/mm/yy): _____

Mumps Immunity: Yes No

Measles Immunity: Yes No

Rubella Immunity: Yes No

2. **MMR Vaccine:** If no immunity, proof of 2 doses of MMR is required. **A copy of the immunization record must be attached.**

MMR Dose 1 (dd/mm/yy): _____ MMR Dose 2 (dd/mm/yy): _____

Varicella: Proof of immunity to Varicella or documented proof of the 2 dose series is required. If no immunity, the student must provide proof that they have received 2 doses of the Varicella vaccine.

1. **Immunity to Varicella:** Evidence of immunity to Varicella. **A copy of the lab report must be attached.**

Date blood work completed (dd/mm/yy): _____

Varicella Immunity: Yes No

2. **Varicella Vaccine:** If no immunity, proof of 2 doses of Varicella is required. **A copy of the immunization record must be attached.**

Varicella Dose 1 (dd/mm/yy): _____ Varicella Dose 2 (dd/mm/yy): _____

Tetanus/Diphtheria (Td) and Polio: Completion of the initial series is required with a booster if more than 10 years. If the student has not completed the initial series, 2 doses is required. **A copy of the immunization record must be attached.**

Tetanus/Diphtheria/Polio series completed (dd/mm/yy): _____

Booster completed (dd/mm/yy): _____

Tetanus/Diphtheria Dose 1 (dd/mm/yy): _____

Tetanus/Diphtheria Dose 2 (dd/mm/yy): _____

Polio Dose 1 (dd/mm/yy): _____

Polio Dose 2 (dd/mm/yy): _____

Pertussis: Students are required to provide documentation of the Pertussis vaccine. If the student has not had the Pertussis vaccine they require Adacel or equivalent (if over the age of 18). Students under 18 should receive the initial series. **A copy of the immunization record must be attached.**

1. **Pertussis series complete (dd/mm/yy):** _____
2. **Dose of Adacel or equivalent (dd/mm/yy):** _____
3. **If under 18 with no history of an initial series, please provide 2 doses**
Pertussis Dose 1 (dd/mm/yy): _____
Pertussis Dose 2 (dd/mm/yy): _____

Hepatitis B: Proof of immunity to Hepatitis B is required. If no immunity, the student must show proof of 2 doses (minimum).

1. **Immunity to Hepatitis B:** Evidence of immunity to Hepatitis B. **A copy of the lab report must be attached.**

Date blood work completed (dd/mm/yy): _____

Hepatitis B Immunity: Yes No

2. **Hepatitis B Vaccine:** If no immunity, proof of 2 doses (minimum) of Hepatitis B is required. **A copy of the immunization record must be attached.**

Hepatitis B Dose 1 (dd/mm/yy): _____

Hepatitis B Dose 2 (dd/mm/yy): _____

Hepatitis B Dose 3 (dd/mm/yy): _____

Hepatitis B Booster (dd/mm/yy): _____

Influenza: An annual seasonal flu shot is not mandatory but highly recommended. Any student without the vaccination may be in jeopardy of a successful completion of the clinical course in the event of an outbreak at your placement. The influenza vaccine is available from October to March. **Documentation of the influenza vaccine clearly indicating the date received must be attached.**

Influenza Vaccine Received (dd/mm/yy): _____

COVID-19: This vaccine is mandatory. **Documentation of the COVID-19 vaccine clearly indicating the date received must be attached.**

Dose 1 received (dd/mm/yy): _____

Dose 2 received (dd/mm/yy): _____