

**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):** \_\_\_\_\_