



Fanshawe College Emergency Telecommunications

Immunization Reporting

reference: Ambulance Service Communicable Disease Standards (V 2.0)

Name:		
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Date of Birth:	
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To the Physician: Please note that the Emergency Health Services Branch, Ministry of Health and Long-Term Care has revised the Ambulance Service Communicable Disease Standards. These changes came into effect beginning August 1, 2015. The Standard has been attached for reference. Please note that Paramedics and students are required to meet these standards in order to be employed as a Paramedic or study as a student under the Ambulance Act of Ontario.

Immunization	Ambulance Service Communicable Disease Standards (V 2.0)
Tetanus	3 dose series if unimmunized. Tetanus Diphtheria (Td) booster doses is every 10 years
Most Current Booster	
Primary Series Completed	
Dose 1	
Dose 2	
Dose 3	
Diphtheria	3 dose series if unimmunized. Tetanus Diphtheria (Td) booster doses is every 10 years
Most Current Booster	
Primary Series Completed	
Dose 1	
Dose 2	



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Dose 3		
Pertussis	New Vaccine Added to Schedule 1 single dose of Tetanus Diphtheria acellular pertussis (Tdap) vaccine regardless of age if not previously received in adulthood (after 18 years of age)	
Adult Dose after 18 yrs. of age		
Polio	It is divided into a separate category from Tetanus and Diphtheria. 3 dose series if previously unimmunized or unknown polio immunization history.	
3 doses (primary series) with 1 one of those doses after 4 yrs. of age as per Public Health		
Previous polio immunization(s):		
Dose 1		
Dose 2		
Dose 3		
Varicella (Chickenpox)	2 dose series if no evidence of immunity. Persons with self-provided history of Varicella/Chickenpox should no longer be assumed to be immune.	
Serology Titre	Results:	Immune Indeterminate or not immune
Dose 1		



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Dose 2		
Measles	<p>It is divided into a separate category from Mumps and Rubella. 2 dose series if no evidence of immunity regardless of age. Documentation is required to indicate 2 doses of live measles virus vaccine given after their first birthday, or laboratory evidence of immunity prior to or upon employment, regardless of year or birth.</p>	
Serology Titre	Results: Immune Indeterminate or not immune	
Dose 1		
Dose 2		
Mumps	<p>It is divided into a separate category from Measles and Rubella. 2 dose series if no evidence of immunity.</p>	
Serology Titre	Results: Immune Indeterminate or not immune	
Dose 1		
Dose 2		
Rubella	<p>It is divided into a separate category from Measles and Mumps. 1 single dose if no evidence of immunity.</p>	
Serology Titre	Results: Immune Indeterminate or not immune	
Dose 1		



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Hepatitis B	<p>2 - 4 age appropriate doses and serologic testing within 1 to 6 months after completing the series. Depending on the age when the Hepatitis B (HB) series began, some people may receive a 2 dose schedule (for adolescents 11 to 15 years of age), while others may have received a 4 dose schedule if they are on an accelerated immunization schedule. The general schedule for adults is a 3 dose series. Regardless of the series, serologic testing needs to be completed within 1 - 6 months after completing the series to confirm immunity.</p> <p>For paramedics / students who have documentation of receiving a complete HB vaccine series but does not have documentation of anti-HBs serology following immunization further information can be found in the Canadian Immunization Guide, Part 4 Active Vaccines, Hepatitis B Vaccine under the Workers Section www.phac-aspc.gc.ca/publicat/cig-gci/p04-hepb-eng.php</p>	
Serology Titre	Results:	Immune Indeterminate or not immune
Dose 1		
Dose 2		
Dose 3 (if applicable)		
Booster		
Serology Titre	Results:	Immune Indeterminate or not immune
Dose 1 (if 2nd series required)		
Dose 2 (if 2nd series required)		
Dose 3 (if 2nd series required)		



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Tuberculosis Screening	<p>All students must have documented proof of a Two-Step Mantoux skin test. If proof is not available for the Two-Step Mantoux skin test or if it has not been completed previously, then the student must receive an initial Two-Step skin test. The Two-Step needs to be performed ONCE only and it never needs to be repeated again. Any subsequent TB skin tests can be One-Step regardless of how long it has been since the last skin test. Students who have received a BCG vaccination are not exempt from the initial Mantoux testing.</p> <p>Pregnancy is NOT a contraindication for performance of a Mantoux skin test.</p> <p>Mantoux testing must be completed prior to the administration of any live vaccines (i.e. MMR IPV) or defer skin testing for 4-6 weeks after the vaccine is given. If a student was positive from a previous Mantoux Two- Step skin test and/or has received TB treatment, the health care provider must complete an assessment and document below if the student is free from signs and symptoms of active tuberculosis. For any student who has proof of a previous negative Two-Step, must complete a One -Step.</p> <p>For any student who tests positive for the first time: include results from the positive Mantoux screening (mm induration), A chest X ray and report must be included in the package, Indicate any treatment that has been started, Complete assessment and document on form if the student is clear of signs and symptoms of active TB, The responsibility for follow up lies with the health care provider as per the OHA/OMA Communicable Disease Surveillance Protocols.</p>	
Initial Two - Step TB Test Mantoux Mandatory	Date Given	Date Read Result: Induration in mm
One- Step		
Two-Step (7-21 days after one step)		



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Name:		
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Annual One- Step (If the initial Two- Step TB skin test has been completed with negative results, complete one-step only)		
If either step is positive (10 mm or more), please evaluate the following		
Chest x-ray results	Yes : No:	Date:
History of disease?	Yes : No:	
Prior History of BCG Vaccination?	Yes : No:	Date:
INH prophylaxis?	Yes : No:	Dosage: Duration:
Specialist referred?	Yes : No:	
Does this student have signs and symptoms of active TB on physical exam?	Yes : No:	
Seasonal Flu Vaccine	Date Given	



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I have reviewed this patient's records and acknowledge and confirm that they have been immunized against each of the diseases set out

Physician's Signature	
Name of Physician	
Date	
Location of Physician's Office	