

**Dear Incoming Student:**

You are enrolled in a program where the completion of a **Health and Immunization Record Form is mandatory**. The majority of placement agencies require this information in order to ensure that students working out on placement, as part of their academic experience, are free from and protected against communicable and infectious diseases and have evidence of good health. Fanshawe College has a responsibility to our partner agencies for ensuring each student complies with these guidelines. Some placements start very early in the program and updating your immunizations may take considerable time (6-8 weeks). If you are unable to find the dates of your immunization, you may be able to obtain this information from your local Public Health Unit. Contact information for all [Ontario Public Health Departments can be found on the following website: http://www.health.gov.on.ca/english/public/contact/phu/phu\\_mn.html](http://www.health.gov.on.ca/english/public/contact/phu/phu_mn.html). Students who do not participate in immunizations due to medical contraindication, religious, or other reasons are still required to complete and submit this form for our records. Any medical contraindication should have supporting evidence. It is further advised that you discuss your immunization status with your Practicum Consultant, as your ability to successfully acquire a placement may not be possible due to the strict regulations of certain agencies.

<b>Vaccine or Test AND Requirements</b>
<p><b>Chicken Pox (Varicella/Zoster):</b> Knowing your immunity status to chicken pox (varicella) is required. If it is determined that you have not had the disease, blood work will be done to determine your immune status. If you are not immune, it is strongly recommended that you be immunized prior to placement using the two dose schedule. If your immunization status is negative and you choose not to be immunized, should you come in contact with someone who has chicken pox, you will not be allowed in the placement agency for three weeks following exposure to ensure you have not caught the disease.</p>
<p><b>Measles (Red Measles), Mumps and Rubella (German Measles) Vaccination:</b> Immunity to measles (red measles), mumps and rubella (German measles) is <b>mandatory</b> for pre-placement at most community agencies. Recording your immunity status, on the form, is required. If you were born after 1970, you are required to have two doses of the measles vaccine. If you are unable to find the date of your immunization, this may require a blood test or revaccination by your healthcare provider. If you have a blood test, please ensure that it includes measles, mumps and rubella and provide documentation of these results.</p>
<p><b>Tetanus/Diphtheria/Polio Tetanus/Diphtheria/Pertussis (Adacel) or Tetanus/Diphtheria:</b> A current Tetanus/Diphtheria is <b>mandatory</b> for pre-placement at most community agencies; recording your status on the form is required. If the date of your last vaccination was longer than 10 years ago, you would be required to get a booster for either tetanus/diphtheria or tetanus/diphtheria/pertussis (Adacel).</p>
<p><b>Tuberculin (TB) Skin Testing (Mantoux): MANDATORY FOR ALL PROGRAMS</b> Tuberculin (TB) skin testing (Mantoux) is <b>mandatory</b> for pre-placement at most community agencies. Recording your status on the form is required. If you have had no testing within the last 12 months, then you must have a two-step Mantoux test administered. If you have documentation (please provide) of a negative two-step Mantoux test within the last 12 months you will be required to have one more test done. The amount of induration must be measured in mm ("positive" or "negative" is not sufficient.) Individuals having received a BCG vaccination in the past are still required to have a two-step skin test administered. If your test is positive, we expect your healthcare provider to follow up with you.</p>
<p><b>Hepatitis B Vaccination:</b> Hepatitis B vaccinations are not *mandatory but strongly recommended. It's important to note that for some *agencies it may be a pre-requisite of placement. Hepatitis B virus (transmitted through body fluids) is a serious, blood-borne disease that affects your liver. Infection from the Hepatitis B virus can be prevented in most cases by pre-exposure administration of an effective, safe vaccine. Many of you will have already received Hepatitis B injections while in public school, therefore, all we require are the dates. Proof of immunity is recommended. <b>MANDATORY FOR:</b> Personal Support Worker, Developmental Services Worker, Early Childhood Education.</p>
<p><b>Hepatitis A Vaccination:</b> Hepatitis A is not mandatory but strongly recommended. Hepatitis A (transmitted through fecal-oral route, blood borne) is a virus that infects the liver.</p>
<p><b>Influenza (flu) vaccine:</b> Individuals working with vulnerable populations have a duty to actively promote, implement and comply with influenza immunization recommendations. It is strongly recommended that all students protect themselves with an annual influenza vaccination. <b>Some placement agencies mandate flu shot(s)</b>. In this case, the student without proof of vaccination may be denied access to the facility. Furthermore, in the event of an outbreak in the placement agency in which the students are placed, non-immunized students may be required to take anti-viral medication and/or be prohibited from continuing their placement, thus jeopardizing successful completion of their clinical course. Flu vaccine is not available until October/November each year. Annual flu clinics are conducted on campus, date(s) to be announced; OR you can make arrangements with your physician, or public health unit to have this done. Retain a copy of this documentation to show your placement agency. If such immunization is medically contraindicated, documentation must be provided. Refusal of vaccination (which could hinder progression in the program) must also be documented. <b>MANDATORY FOR:</b> <u>Personal Support Worker</u> and any other student on placement in hospitals, long term care or other community agencies requiring flu immunization. <b>STRONGLY RECOMMENDED FOR:</b> All students</p>

*It is advised that you get an appointment with your healthcare provider as soon as possible to ensure you are able to get the required documentation, vaccinations and blood tests (copies of blood results required) done in a timely fashion. Inquire at that time whether there will be a charge for this service. All charges are the responsibility of the student.*

**HEALTH AND IMMUNIZATION RECORD – Page 1 of 4 (ensure that all four pages are complete by deadline)**

Students admitted into the programs listed below (see section B) require current immunization status verified prior to attending the community/clinical placement setting of the program and is mandatory to be received by the deadline provided.

Student is to complete Sections A, B, C, D and E of this form. Physician/health care provider to complete Sections F and G.

**A. STUDENT'S PERSONAL INFORMATION: (Please print)**

Last Name:	Given Names:	Academic year:
Date of Birth: _____ (Day/Month/Year)	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Student Number:
Complete Mailing Address:		
Tel. Nos.: Home: _____ Work: (Optional) _____ Cell: _____ Alternate: _____	<b>FOR OFFICE USE ONLY:</b> Date Completed Form received	

**B. PROGRAM OF STUDY and DEADLINES: (check program you are registered in)****Simcoe/Norfolk Regional Campus, Simcoe, Ontario**

- Personal Support Worker: All documentation due by February 1, 2017  
 Developmental Services Worker: All documentation due first day of class  
 Early Childhood Education: All documentation due first day of class  
 Social Service Worker **Year 2 students only**: All documentation due by September 6, 2016

**Policy for student placements:**

Health Care Providers have an obligation to protect patients and themselves from infection that can be transmitted within **clinical or community placement** settings. Immunization is an important tool in preventing the transmission of infections and assists in safeguarding the health of the student during their education and beyond:

- Fanshawe College has immunization/testing requirements for all students doing clinical/community placement practice in designated agencies.
- These agencies have the right to refuse access to students who do not meet their immunization/testing requirements.
- Failure to submit a signed and correctly completed immunization form may result in students being withheld from the clinical/community placement components of their program.

**C. ALLERGIES AND MEDICATIONS – TO BE COMPLETED BY THE STUDENT**

<b>Allergies:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If yes, specify:</b> (Drugs/Vaccines/Latex/Foods/Other)	
<b>Sensitivities:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If yes, specify:</b>
<b>Medications:</b> Are you currently taking any medications which may affect your ability to perform the duties? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please explain:	

**D. OTHER – TO BE COMPLETED BY THE STUDENT**

Function	
Walking	No Restrictions <input type="checkbox"/> or Limit to _____ hrs/mins Comments:
Standing	No Restrictions <input type="checkbox"/> or Limit to _____ hrs/mins Comments:
Sitting	No Restrictions <input type="checkbox"/> or Limit to _____ hrs/mins Comments:
Bending/Twisting	No Restrictions <input type="checkbox"/> or Limit to _____ hrs/mins Comments:
Pushing/Pulling	No Restrictions <input type="checkbox"/> or Limit to _____ hrs/mins Comments:

**HEALTH AND IMMUNIZATION RECORD – Page 1 of 4 (ensure that all four pages are complete by deadline)**

Students admitted into the programs listed below (see section B) require current immunization status verified prior to attending the community/clinical placement setting of the program and is mandatory to be received by the deadline provided.

Student is to complete Sections A, B, C, D and E of this form. Physician/health care provider to complete Sections F and G.

**HEALTH AND IMMUNIZATION RECORD – Page 2 of 4**

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

**Section D – OTHER (cont'd) – TO BE COMPLETED BY STUDENT**

Reaching No Restrictions  or Limit to \_\_\_\_\_ hrs/mins  
Comments: \_\_\_\_\_

Climbing No Restrictions  or Limit to \_\_\_\_\_ hrs/mins  
Comments: \_\_\_\_\_

**Lifting**

• Floor to waist No Restrictions  or Limit to \_\_\_\_\_ kgs.  
Comments: \_\_\_\_\_

• Waist to shoulder No Restrictions  or Limit to \_\_\_\_\_ kgs.  
Comments: \_\_\_\_\_

• Above shoulder No Restrictions  or Limit to \_\_\_\_\_ kgs.  
Comments: \_\_\_\_\_

Hearing No Restrictions  or Limitations \_\_\_\_\_  
Comments: \_\_\_\_\_

**E. STUDENT'S SIGNATURE - MANDATORY**

I have read and declare the information I have provided to be accurate to the best of my knowledge. I understand the purpose and the nature of its content. In particular, I need to demonstrate that certain health standards have been met in order for me to be granted student placement. I understand that I must have all sections of this form fully completed and reviewed by my Practicum Consultant by the due date. Failing to do so may jeopardize my consideration for any student placement. All costs incurred for completion of this form are my sole responsibility. Should it be requested, it is my responsibility to share relevant information from this form with a hospital, nursing home, or other clinical/field placement agency relating to my program.

My signature provides my consent to complete this evaluation as part of my pre-placement assessment. I understand that providing inaccurate or misleading information may lead to the termination of my placement privileges. Also, by signing this form I authorize the release of information concerning my status in regards to completion of current immunization and tuberculin skin testing to my practicum consultant.

**Student Full Name: (Please print)** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature (MANDATORY):** \_\_\_\_\_

The personal information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, Chapter 272, Section 5, R.R.O. 1990, Regulation 77 and the Public Hospital Act R.S.O. 1980 Chapter 410, R.S.O. 1986, Regulations 65 to 71 and in accordance with the requirements of the legal Agreement between the College and the agencies which provide clinical/field experience for students. The information is used to ensure the safety and well being of students and clients in their care. The information in this form will be protected in accordance to the Freedom of Information and Protection of Individual Privacy Act.

**\*\*Important – have sections “F” and “G” on the following two pages completed by your physician/health care provider\*\***

**HEALTH AND IMMUNIZATION RECORD – Page 3 of 4**

Student Name:

Student Number:

**F. TO BE COMPLETED BY PHYSICIAN/HEALTH CARE PROVIDER**

**\*\*Important: In addition to the regularly scheduled adult immunizations, some students may be required to have serology for Varicella, Measles, Mumps, Rubella and Hepatitis B, if no verification of immunity can be obtained through documented history.**

F.1  Tetanus/Diphtheria/Polio  Tetanus/Diphtheria/Pertussis (Adacel)  Tetanus/Diphtheria only  
**This vaccination must have been received within 10 years of the expected date of graduation.**

Most recent booster date: \_\_\_\_\_  
Day/Month/Year

Medical Exemption:

Explain: \_\_\_\_\_

F.2  Chicken Pox (Varicella): Knowing the immunity status alone is the minimal requirement. Vaccination not required but is highly recommended. If history of immunity is unknown, serology must be completed.

a) History of the disease  Yes  No

b) Serology enclosed

c) 1<sup>st</sup> vaccination: \_\_\_\_\_ 2<sup>nd</sup> vaccination: (4-6 weeks after the 1<sup>st</sup>) \_\_\_\_\_  
Day/Month/Year Day/Month/Year

Medical Exemption:

Explain: \_\_\_\_\_

F.3  MMR (Measles, Mumps, and Rubella): Evidence is required of past immunization **or** confirmed immunity to each Measles, Mumps, and Rubella, by titre levels.

a) Initial vaccination dates: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_  
Day/Month/Year Day/Month/Year

b) Serology enclosed

c) MMR booster is required if titre levels show no immunity. Booster date: \_\_\_\_\_  
Day/Month/Year

Medical Exemption:

Explain: \_\_\_\_\_

F.4  Hepatitis B: The process of three injections must have begun prior to the student's date of admission.  
Dates of vaccinations: Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_  
Day/Month/Year (1 month later) (6 months after the first dose)

Serology enclosed. **If dates are not available, a copy of the serology report must be enclosed to ensure immunity.**

Medical Exemption:

Explain: \_\_\_\_\_

F.5  Mantoux Testing for Tuberculosis **MANDATORY: A "Two-Step" Mantoux Test is required for all new entry students, regardless of prior BCG inoculation. A "One-Step" is required ONLY IF a "Two-Step" has been done in the previous year. Date completed, as proof of past testing, is required.**

Prior history of BCG vaccination:  No  Yes: Year \_\_\_\_\_ Province/Country: \_\_\_\_\_

Prior history of TB infection:  No  Yes: Year \_\_\_\_\_ Province/Country: \_\_\_\_\_

Treatment regimen: \_\_\_\_\_

Test 1  5TU given on: \_\_\_\_\_ Reading date: (48-72 hrs) \_\_\_\_\_ Result: \_\_\_\_\_ mm of induration.  
(Note: If 1<sup>st</sup> test positive, do not repeat 2<sup>nd</sup> Mantoux. If 1<sup>st</sup> test is negative, repeat 2<sup>nd</sup> test 1-4 weeks later).

Test 2  5TU given on: \_\_\_\_\_ Reading date: (48-72 hrs) \_\_\_\_\_ Result: \_\_\_\_\_ mm of induration.

\*One-step Mantoux given on: \_\_\_\_\_ Reading date: (48-72 hrs) \_\_\_\_\_ Result: \_\_\_\_\_ mm of induration.

Chest X-Ray  Results enclosed. (Required, if positive TB history or current TB test returns positive)

**HEALTH AND IMMUNIZATION RECORD – Page 3 of 4**

Student Name:

Student Number:

**HEALTH AND IMMUNIZATION RECORD – Page 4 of 4**

Student Name:

Student Number:

**Section F (cont'd) – TO BE COMPLETED BY PHYSICIAN/HEALTH CARE PROVIDER**

**F.6  INFLUENZA (FLU) VACCINE(S): MANDATORY FOR NURSING AND ANY OTHER STUDENTS ON PLACEMENT IN HOSPITALS, LONGTERM CARE OR OTHER COMMUNITY AGENCIES REQUIRING FLU IMMUNIZATION.**

Vaccination date(s): \_\_\_\_\_

It is strongly recommended that all students protect themselves with an **annual influenza vaccination**. **Some placement agencies mandate flu shot(s)**. In this case, the student may be denied access to the facility. Furthermore, in the event of an outbreak in the placement agency in which the students are placed, non-immunized students may be required to take anti-viral medication and/or be prohibited from continuing their placement, thus jeopardizing successful completion of their clinical course. *Flu vaccinations not available until October/November*. Annual flu clinics are conducted on campus, date(s) to be announced.

**G. PHYSICIAN/HEALTH CARE PROVIDER'S INFORMATION AND SIGNATURE – MANDATORY**

**Physician/Health Care Provider**

**Full name: (Please print)** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone No(s):** \_\_\_\_\_

- I have performed a physical examination on this patient and find him/her to be healthy and free of communicable disease.**
- I have performed a physical examination on this patient and find he/she has the following medical problems:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature (MANDATORY)**

**STUDENTS MUST KEEP COPIES OF THIS FORM FOR THEIR PERSONAL RECORDS.**

In accordance with section 39(2) of the Freedom of Information and Protection of Privacy Act, you are advised that the personal information collected on this form is collected under the authority of the "Ministry of Colleges and Universities Act", R.S.O., 1990 Regulation 770. Failure to provide current immunization documentation and proof of recent tuberculin skin testing as outlined for your program can affect your eligibility to attend the clinical or community placement components of your program.