



2026-2027 Health Faculty Immunization Form Tip Sheet

If you choose to have the form completed by the University Health Centre (UHC), the following information will help the process go as smoothly as possible.

If you have any questions, please contact the nursing team at (780) 492-2612.

1. Start the process as soon as possible. Even with sufficient immunization records, the process can often take longer than expected.
2. **Thoroughly** look for your immunization records. While helpful, immunization records from My AB Health are OFTEN incomplete. Ask parents/guardians, look for infant immunization booklets, Immigration Canada records or school records, and contact the regional public health clinic near where you grew up. International records are great. If records are not in English, please ensure they are translated. Any missing vaccinations that are not on the record you provide us, will need to be re-administered. If all your immunization records were destroyed or lost; or you have never been vaccinated before, you will need to be (re)immunized. This process consists of approximately 8-10+ vaccinations over 7+ months. You will be assessed an **additional \$40 fee**.
3. If Possible, please submit all your immunization records via the Oceans portal PRIOR TO your first appointment. This will speed up the length of your first appointment. If uploading your records is not an option, please bring **PRINTED (not digital)** - phone or laptop) copies of your immunization records to your first appointment.
You do not need to bring a printed copy of this form/ the 2026-2027 Health Faculty Immunization Clearance Form to your appointment. We have the form here.
4. If you plan on having your requirements met by the UHC, please avoid having components completed elsewhere prior to your visit with us, as this adds confusion, possible errors, often delays when we can complete other components of the form.
We can send you for any necessary blood work, and have all the (publicly-funded) vaccines you require, here at the UHC.
5. Show up to your appointments early. If you are late, your appointment(s) will need to be rescheduled. If you do not show up, you may be charged a no-show fee.
6. Please be advised that whether or not you will be allowed to attend clinical in the absence of any immunizations will be at the discretion of the college and your faculty, not the University Health Centre.
7. **** Submitting pending & completed copies of this form (& attachments) to the faculty is the responsibility of the student.**
The UHC cannot legally release this information to the faculty on your behalf as a result of the Health Information Act (HIA).

It is the responsibility of the Health Care Student and students in other High-Risk Programs to initiate and follow through with the assessment of their immunization status with their occupational health or student health services program.

(Alberta Health Services. (2025). *Immunization Recommended for Health Care Students and Students in Other High-Risk Occupational Programs*.
<https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-imm-recomm-hcs-high-risk-occ-prg-appdx-a-08-302.pdf>)

2026-2027 HEALTH FACULTY IMMUNIZATION CLEARANCE FORM

Student Name:
Student ID Number:
Date of Birth:
Program:



*** Copies of all original & new immunization records and test results must be submitted to the appropriate program along with this completed form.**

VACCINE	GUIDELINES FOR FORM COMPLETION:	RESULTS:
TETANUS, DIPHTHERIA, PERTUSSIS	- All students must have a primary series of 3 or more documented doses of tetanus/diphtheria containing vaccine, including a reinforcing dose within the last 10 years. All students must have documentation of a dose of acellular pertussis containing vaccine (Ex. Tdap) <u>on/after the age of 18</u> - Regardless of when the most recent dose of tetanus was. - If the student has no documentation – complete a primary series of 3 doses of tetanus, diphtheria, pertussis at the appropriate intervals.	Document the <u>last three</u> tetanus, diphtheria, pertussis containing immunizations: Dose #1: _____ Dose #2: _____ Dose #3: _____ <i>Most recent dose: for most students this will be the <u>adult Tdap at >18 yrs.</u> If the most recent dose was administered when the student was <18 years of age, the form will be considered incomplete.</i> <i>*The most recent dose must be within the last 10 years*</i>
POLIO	- All students must have a primary series of 3 or more documented doses of polio-containing vaccine with at least 1 dose administered after the age of 4 years. AND All students must also have documentation of a single lifetime reinforcing dose of polio-containing vaccine <u>on/after the age of 18.</u> <i>This dose should be administered at least 10 years after the completion of the primary series.</i> - If the student has no documentation – complete a primary series of 3 doses of polio-containing vaccine at the appropriate intervals.	Document the <u>last three</u> polio containing vaccine doses: Dose #1: _____ Dose #2: _____ Dose #3 (>4 years of age): _____ AND ☐ One-time ADULT BOOSTER (>18 years of age) dose if 10 or more years since last dose: _____ OR ☐ Booster not applicable as <10 years since last dose.

TUBERCULOSIS TESTING (TST)	1-step TST result <u>in millimeters (mm)</u> within 12 months of the program start date - BCG vaccination is NOT a contraindication to a TST. - In the event of a positive TST, a chest x-ray is required, and a referral to TB Services, is <u>strongly recommended</u>. - A Chest X-Ray without written documentation of a positive TST in millimeters will NOT be accepted. - If there is documentation of a previously positive TST in millimeters – only a Chest X-Ray is required within 6 months of the program start date. *REPORT MUST BE ATTACHED.	Date of TST: _____ Date of Reading: _____ Result: _____ mm Chest X-Ray: (Required if current TST is positive, or there is a history of a positive TST) Date: _____ Result: ☐ NORMAL ☐ ABNORMAL ☐ NOT APPLICABLE Letter from physician explaining results: <i>Required for students who have an abnormal chest x-ray.</i> ☐ Letter attached
VARICELLA (Chicken Pox)	2 doses of varicella-containing vaccine after 12 months of age at appropriate intervals. Students who have 1 dose of varicella-containing vaccine should be offered a second dose. OR - POSITIVE Varicella IgG serology results. - If Varicella IgG results are negative or indeterminate - Vaccination is required. Adults need 2 doses with a minimum interval of 6 weeks between doses. *Serology after vaccination is <u>not recommended</u>.	Dose #1: _____ Dose #2: _____ OR Varicella Serology: COPY OF RESULT <u>MUST</u> BE ATTACHED TO THIS FORM Date: _____ Result: ☐ POSITIVE ☐ INDETERMINATE ☐ NOT APPLICABLE
MEASLES, MUMPS & RUBELLA	2 valid doses of measles-containing vaccine after 12 months of age. 2 valid doses of mumps-containing vaccine after 12 months of age. 1 valid dose of rubella-containing vaccine after 12 months of age. Serological testing in the <u>absence of immunization records</u> will NOT be accepted.	MMR: Dose #1: _____ Dose #2: _____ OR Measles: Dose #1: _____ Dose #2: _____ Mumps: Dose #1: _____ Dose #2: _____ Rubella: Dose #1: _____

HEPATITIS B VACCINATION	- All students must have documentation of a complete Hepatitis B immunization series. - An acceptable primary series can be 2-4 doses depending on the age and geographic area in which it was administered. Positive serology (Anti-HBs) will NOT be accepted if there is an incomplete or absent record of immunization, unless the student has serology that indicates previous infection.	Dose #1: _____ Dose #2: _____ Dose #3: _____ Additional Doses: _____ _____ _____ _____ _____
HEPATITIS B BLOOD TESTING	The Hepatitis B serology recommendations for health care students differ based on the students' risk of past Hepatitis B infection. <u>Not at risk of past infection:</u> A Hepatitis B Surface Antibody (Anti-HBs) is required <u>At risk of past infection:</u> A Hepatitis B Surface Antibody (Anti-HBs), Hepatitis B Core Antibody (Anti-HBc), & Hepatitis B Antigen (HBsAg) are required. <i>(High Risk: Students who have immigrated to Canada from a Hepatitis B endemic country and those with lifestyle risks of infection, etc.)</i> - A student with a POSITIVE Anti-HBc (core) and/or HBsAg requires a physician letter explaining the results. - If a student has low Anti-HBs of less than 10u/L, the student will need to receive boosters (at the appropriate intervals) as per current <i>AHS guidelines/ standards</i> until a positive Anti-HBs of 10u/L or greater, is achieved. - If a student has received a total of 2 complete series of the hepatitis B vaccine and their Anti-HBs remain low (<10 u/L), the student is considered a non-responder, and no further hepatitis B vaccination is recommended. The student will then need to have an HBsAg completed (regardless of risk) and will require a letter stating they are a non-responder from a physician.	<i>Please select one:</i> ☐ Student is <u>NOT AT RISK</u> of past infection <i>(The student's country of origin is <u>NOT</u> a Hepatitis B endemic country & they do <u>NOT</u> have a history of lifestyle risk factors).</i> OR ☐ Student is <u>AT HIGH RISK</u> of past infection Mandatory Serology: Required for <u>all students</u> Anti-HBs titre: Date: _____ Result: _____ U/L Interpretation: ☐ POSITIVE ☐ NEGATIVE COPY OF LAB RESULT <u>MUST</u> BE ATTACHED TO THIS FORM If required (<u>High- Risk Students only</u>): Anti-HBc (core) titre: <i>Required for those students at high risk of past Hepatitis B infection</i> Date: _____ Result: ☐ POSITIVE ☐ NEGATIVE ☐ NOT APPLICABLE COPY OF LAB RESULT <u>MUST</u> BE ATTACHED TO THIS FORM

		HBsAg titre: <i>Required for those students at high-risk of past Hepatitis B infection or those considered non-responders to Hepatitis B immunization</i> Date: _____ Result: ☐ POSITIVE ☐ NEGATIVE ☐ NOT APPLICABLE COPY OF LAB RESULT MUST BE ATTACHED TO THIS FORM Letter from physician explaining results: <i>Required for students who have a positive Anti-HBc, a positive HBsAg or a student who is considered a non-responder to Hepatitis B immunization</i> ☐ Letter attached
SEASONAL INFLUENZA	Highly encouraged for ALL Health Care Students. - The Influenza vaccine is available October- March and the strains in the vaccine changes (nearly) every year. - Not having an annual influenza vaccination could greatly impact your clinical experience/ placement. Ensure you have a record of receiving this vaccine in the event that your program or placement asks for proof. - In the event that you do not have a record of the vaccine upon being asked, you may be asked to leave the unit, wear a mask and/or take Tamiflu (requiring a prescription from your primary care provider).	1 dose annually.

Clinic Stamp:

Health Care Provider Name_____
Health Care Provider Signature_____
Date