2021-2022 HEALTH FACULTY IMMUNIZATION CLEARANCE FORM

**COPIES OF ALL ORIGINAL & NEW IMMUNIZATION RECORDS AND TEST RESULTS MUST BE SUBMITTED WITH THIS FORM**

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>REQUIREMENTS</th>
<th>RESULTS</th>
</tr>
</thead>
</table>
| TETANUS, DIPHTHERIA, PERTUSSIS        | • A primary series of 3 or more documented doses of tetanus/diphtheria containing vaccine is required, including a reinforcing dose within the last 10 years. **All students must have documentation of a dose of acellular pertussis containing vaccine (Ex. dTap) on/after the age of 18** - 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 (and pertussis) at the appropriate intervals. | Document the **last three** tetanus/diphtheria (pertussis) containing immunizations:  
Dose #1: ______________  
Dose #2: ______________  
Dose #3: ______________  
(Most recent dose - For most this will be the adult dTap >18rs)  
*The most recent dose must be within the last 10 years* |
| TUBERCULOSIS TESTING                   | • 1-step TST result in millimeters within 12 months of the program start date.  
• BCG vaccination is **NOT** a contraindication to a TST.  
• 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  
**If required:**  
Chest X-Ray: Date: ______________  
Result: □ NORMAL □ ABNORMAL □ NOT APPLICABLE  
Referral to TB Services? □ YES □ NO |
| **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 not recommended.**  
| | | Dose #1: ________________  
| | | Dose #2: ________________  
| | **OR**  
| | | Varicella Serology: RESULTS MUST BE ATTACHED  
| | | Date:_______________  
| | | Result: □ POSITIVE □ NEGATIVE / 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 is legislated under the Alberta Public Health Act.  
| | | • **Serological testing in the absence of immunization records will NOT be accepted.**  
| | | Measles:  
| | | Dose #1: ________________  
| | | Dose #2: ________________  
| | | Mumps:  
| | | Dose #1: ________________  
| | | Dose #2: ________________  
| | | Rubella:  
| | | Dose #1 _____________________  
| | | Extra Dose(s):______________  
| | **HEPATITIS B VACCINATION** | • Documentation of a complete Hepatitis B immunization series is **REQUIRED** for all students.  
| | | • 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: ________________  
| | | Dose #4: ________________  
| | | Dose #5: ________________  
| | | Dose #6: ________________  
| | | Dose #7:___________________  


HEPATITIS B BLOOD TESTING

The Hepatitis B serology recommendations for health care students differ based on the students’ risk of past Hepatitis B infection.

**Not at risk of past infection:** A Hepatitis B Surface Antibody (Anti-HBs) is required.

**At risk of past infection:** A Hepatitis B Surface Antibody (Anti-HBs), Hepatitis B Core Antibody (Anti-HBc), & Hepatitis B Antigen (HBsAg) are required.

*(High Risk: Students who have immigrated to Canada from a Hepatitis B endemic country (see Appendix A), those who have received repeated blood transfusions, those with a history of dialysis, and those with lifestyle risks of infection, etc.)*

- 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 the attached AHS Hepatitis B Algorithms (Appendix B &C) 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 a HBsAg completed (regardless of risk) and will require a letter stating they are a non-responder from a physician.

---

**Please check one:**

☐ Student is **NOT AT RISK** of past infection

OR

☐ Student is **AT HIGH RISK** of past infection

**Mandatory Serology:** Required for all students

**Anti-HBs:** RESULTS MUST BE ATTACHED

Date: _______________________

Result: _________ U/L  Interpretation: □ POSITIVE  □ NEGATIVE

If required (High Risk Students):

**Anti-HBc (core):** RESULTS MUST BE ATTACHED

*Required for those students at high risk of past Hepatitis B infection*

Date: _______________________

Result: □ POSITIVE  □ NEGATIVE  □ NOT APPLICABLE

**HBsAg:** RESULTS MUST BE ATTACHED

*Required for those students at high-risk of past Hepatitis B infection or those considered non-responders to Hepatitis B immunization*

Date: _______________________

Result: □ POSITIVE  □ NEGATIVE  □ NOT APPLICABLE

**Letter from physician explaining results:**

*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*

☐ Letter attached