

2022-2023 HEALTH FACULTY IMMUNIZATION CLEARANCE FORM

Student Name: _____

Student ID Number: _____

Date of Birth: _____

Country of birth: _____

Program: DROP DOWN LIST



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

*****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)*****

VACCINE	REQUIREMENTS	RESULTS
TETANUS, DIPHTHERIA, PERTUSSIS	<ul style="list-style-type: none"> 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. 	<p>Document the last three tetanus/diphtheria (pertussis) containing immunizations:</p> <p>Dose #1: _____</p> <p>Dose #2: _____</p> <p>Dose #3: _____ (Most recent dose - For most this will be the adult dTap >18rs)</p> <p><i>*The most recent dose must be within the last 10 years*</i></p>
TUBERCULOSIS TESTING	<ul style="list-style-type: none"> 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. 	<p>Date of TST: _____</p> <p>Date of Reading: _____ Result: _____mm</p> <p>If required:</p> <p>Chest X-Ray: Date: _____</p> <p>Result: <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL <input type="checkbox"/> NOT APPLICABLE</p> <p>Referral to TB Services? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

<p>VARICELLA (Chicken Pox)</p>	<ul style="list-style-type: none"> • 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. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • 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. 	<p>Dose #1: _____</p> <p>Dose #2: _____</p> <p>OR</p> <p>Varicella Serology: COPY OF LAB RESULT MUST BE ATTACHED TO THIS FORM</p> <p>Date: _____</p> <p>Result: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE / INDETERMINATE <input type="checkbox"/> NOT APPLICABLE</p>
<p>MEASLES, MUMPS & RUBELLA</p>	<ul style="list-style-type: none"> • 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. 	<p>Measles: Dose #1: _____</p> <p>Dose #2: _____</p> <p>Mumps: Dose #1: _____</p> <p>Dose #2: _____</p> <p>Rubella: Dose #1 _____</p> <p>Extra Dose(s): _____</p>
<p>HEPATITIS B VACCINATION</p>	<ul style="list-style-type: none"> • 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 <u>NOT</u> be accepted if there is an <u>incomplete or absent record of immunization</u>, unless the student has serology that indicates previous infection. 	<p>Dose #1: _____ Dose #4: _____</p> <p>Dose #2: _____ Dose #5: _____</p> <p>Dose #3: _____ Dose #6: _____</p> <p>_____ Dose #7: _____</p> <p><i>Please check one:</i></p> <p><input type="checkbox"/> Student is NOT AT RISK of past infection (The student's country of origin is NOT a Hepatitis B endemic country & they do NOT have a history of any lifestyle risk factors).</p> <p>OR</p> <p><input type="checkbox"/> Student is AT HIGH RISK of past infection</p>

<p>HEPATITIS B BLOOD TESTING</p>	<p>The Hepatitis B serology recommendations for health care students differ based on the students' risk of past Hepatitis B infection</p> <p><u>Not at risk of past infection:</u> A Hepatitis B Surface Antibody (Anti-HBs) is required</p> <p><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.</p> <p><i>(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.)</i></p> <ul style="list-style-type: none"> • 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 <i>AHS Hepatitis B Algorithms (Appendix B & C)</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 a HBsAg completed (regardless of risk) and will require a letter stating they are a non-responder from a physician. 	<p>Mandatory Serology: <i>Required for all students</i></p> <p>Anti-HBs:</p> <p>Date: _____</p> <p>Result: _____ U/L Interpretation: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE</p> <ul style="list-style-type: none"> • COPY OF LAB RESULT MUST BE ATTACHED TO THIS FORM <p>If required (High Risk Students only):</p> <p>Anti-HBc (core): <i>Required for those students at high risk of past Hepatitis B infection</i></p> <p>Date: _____</p> <p>Result: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> NOT APPLICABLE</p> <ul style="list-style-type: none"> • COPY OF LAB RESULT MUST BE ATTACHED TO THIS FORM <p>HBsAg: <i>Required for those students at high-risk of past Hepatitis B infection or those considered non-responders to Hepatitis B immunization</i></p> <p>Date: _____</p> <p>Result: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> NOT APPLICABLE</p> <ul style="list-style-type: none"> • COPY OF LAB RESULT MUST BE ATTACHED TO THIS FORM <p>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></p> <p><input type="checkbox"/> Letter attached</p>
<p>COVID-19 VACCINATION</p>	<ul style="list-style-type: none"> • Effective Oct. 16, 2021, Alberta Health Services (AHS) is requiring that all staff (including students), be FULLY VACCINATED against Covid-19. 	<p>Dose #1: _____ <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> J&J</p> <p>Dose #2: _____ <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> J&J</p>

Clinic Stamp:

Health Care Provider Name

Health Care Provider Signature

Date