



2017-2018 IMMUNIZATION RECORD

Note: some hospital and healthcare settings may require additional vaccinations

Some Internship agencies require that students in the following programs have a completed immunization record:

Addictions Treatment Prevention Program

Therapeutic Recreation Program

IMPORTANT

Retain a copy of this Immunization Record for your files. In some circumstances community agencies will request a copy of your immunization prior to placement.

Name: _____

Student #: _____

Program: _____

Telephone: _____

Area Code Number

COMMUNICABLE DISEASE HISTORY

Check if you have had disease:

Hepatitis A _____ Mumps _____ Tuberculosis _____

Hepatitis B _____ Hepatitis C _____ Red Measles _____

Chicken Pox (Varicella) _____

Rubella (German Measles) _____

*Note: If you have not had German Measles or MMR Immunization (see next page), a Rubella blood screening **MUST** be done to determine immunity. There may be a fee from the laboratory and/or doctor's office for results of screening.*

REQUIRED

NAME: _____

IMMUNIZATION HISTORY

Immunizations must be complete and up to date. You may require assistance from your family physician's office or health unit in order to complete your immunization history. **Please provide dates for ALL of the following:**

Test or Vaccine	Period of Immunity	DATE of Last Immunization (or of immune level according to Blood titre)
Tetanus, Diphtheria, Pertussis	within 10 years	_____
Polio		_____
Measles, Mumps, Rubella (MMR)	Required if born after 1956 or no known immunity	_____

Note: An ADULT booster is recommended and may be required by some agencies

Two-step Tuberculin Skin Test *(Results should be written in millimetres, not positive or negative.)*

Field Placement Agencies require a **two-step** skin test. Please note that this will require **four (4) separate visits within a two-week period**, to your Health Care Provider. If you have **proof of a two-step skin test** which tested negative, you will only require a one-step skin test.

Step one: Date	Results:	HCP Signature
_____	_____ mm (Left or Right Arm)	_____
Step two: Date	Results:	
_____	_____ mm (Left or Right Arm)	_____

If TB test is positive, have you had a B.C.G.? Yes _____ No _____

NOTE: If two-step TB skin test is contraindicated or if TB test is positive, a chest X-ray is required.

Date of chest X-ray: _____ Results: _____

Health Care Provider Signature or Stamp _____

RECOMMENDED

HEPATITIS B. VACCINE

Agencies **recommend** that students obtain the Hepatitis B vaccination. The Hepatitis B vaccine is a method of protecting you from acquiring Hepatitis B. Its cost varies from \$80 to \$150 and is not covered by OHIP. However, for **full-time students**, 90% of the cost is covered for most programs under the Georgian College Insurance once you commence your program and are considered a **full-time** registered student.

Hepatitis B Vaccination:	Yes _____	No _____
Date: 1st _____	2nd _____	3rd _____ if applicable

It is recommended that you have your blood titre levels checked regularly to ensure continuous immunity. If your levels are low you may require a booster. Note: **Some agencies require students to have a Hep B blood titre before accepting them for placement.**

HIGHLY RECOMMENDED

FLU VACCINE

Some agencies expect students to have annual flu vaccination prior to placements. During a flu outbreak, any student without the vaccination **may be denied access to the placement site by the agency which may result in make-up time**. Flu vaccine is free to Ontario residents – will be available in the Fall.

Date of flu vaccine: _____

CONSENT

Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), and endeavours to protect your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than for the administration and placement of field placement, practicum and/or clinical. For further information about the information requested on this form or the purpose for which it will be used, please contact The Office of the Registrar. For more information about FIPPA, please contact the Access and Privacy Office at 705-728-1968, extension 5770 or AccessPrivacy@GeorgianCollege.ca

I do hereby give consent to Georgian College to release the information I have provided on this Immunization Record to agencies while I am a student at Georgian College.

Name: _____

Program: _____

Signature: _____

Date: _____

**If you have questions or concerns about the Immunization Record,
please contact the Field Placement Office – B200.**
