

**Faculty of Health Sciences
Department of Psychiatric Nursing
IMMUNIZATION FORM**

Name: _____ Student Number: _____

Email: _____ Phone Number: _____

INSTRUCTIONS TO APPLICANTS:

A current record of immunizations are required prior to admission.

1. An immunization record must be submitted prior to admission to the program along with supporting documentation. You are required to have had the following immunizations
 - i. Tetanus, Diphtheria and Pertussis: Basic immunization series with subsequent TD booster doses required every 10 years. It is recommended to have 1 adult dose of Pertussis. If proof of childhood immunizations is not available, an adult Tdap/TD series will be required.
 - ii. Poliomyelitis: Basic immunization series plus a single booster dose after 10 years. If proof of childhood immunizations is not available, an adult Polio series will be required.
 - iii. Measles/Mumps/Rubella (MMR): 2 doses required or immunity confirmed by serology.
 - iv. Varicella (Chickenpox): 2 doses required or immunity confirmed by serology. NOTE: No immunization required if previous history of varicella or herpes zoster after 12 months of age (self-reported or doctor diagnosed).
2. Hepatitis B: This vaccination series is **highly recommended** by provincial Health Authorities for those who may be exposed to blood or body fluids, or at increased risk of a sharps injury. At the present time this is not required for admission to the program. If you choose to have the vaccine series you will require two doses if given as part of routine immunizations in grade 6; otherwise three doses are necessary.
3. TB Skin Test: After being admitted to the program you will be required to submit a negative skin test that is current and completed within 12 months of the start date of the program. (We will inform you of this date.) TB skin tests obtained prior to the designated date will not be accepted. In the event of a positive skin test, you will be required to submit a copy of a Chest X-Ray that is current within 6 months (we will inform you of this date).
4. After being admitted to the program you will be required to have an annual Influenza Vaccine (or choose to wear a surgical mask at all times in the clinical practice setting during flu season) as required by the provincial Health Authorities. In addition, all students in the program will be required to submit proof of 2 doses of the COVID-19 Vaccine in accordance with the Public Health Order.

PROCESS FOR SUBMITTING IMMUNIZATION DOCUMENTS:

1. Please sign the consent below.
2. Have your physician/nurse practitioner complete the Proof of Immunizations sections of the form.
3. It is the applicants' responsibility to ensure the Proof of Immunizations Record and supporting immunization documentation are submitted to the Enrolment Services Office Admissions Advisor as soon as possible. **Please note: Incomplete forms and missing supporting documentation will delay your application.**



DOUGLAS COLLEGE

Please PRINT clearly

Faculty of Health Sciences
Department of Psychiatric Nursing
IMMUNIZATION RECORD

FULL NAME: _____
Surname First Name Second Name

STUDENT NUMBER: _____

Your Permanent Mailing Address
Street _____
City _____ Province _____
Postal Code _____
Telephone _____
Cell _____
Email _____

Local Person to Contact in the Case of Emergency
Name _____
Street _____
City _____ Province _____
Postal Code _____
Telephone/Cell _____
Email _____

DEPARTMENT REQUIREMENTS

Participation in clinical experience requires assessment of your immunization status. You are required to meet Health Authority Requirements for immunizations for students in practice settings. If Health Authority immunization requirements are not met you may not have access to clinical agencies and, subsequently, be unable to complete required clinical courses which would prevent your progression in the program.

INFORMATION

Immunizations can be obtained from your Family Physician, Walk-in Clinic Physician, local Public Health Unit, Health Gateway, Nurse Practitioner, Travel Clinic or some pharmacies.

Ensure your Immunization Record is complete, dated, and signed to avoid delays in processing your application.

PROOF OF IMMUNIZATION

You are responsible to keep a copy of your immunization record as you may be required to provide proof of immunization status when in a practice setting. Copies of all original immunization and/or lab serology documents need to be submitted along with the completed Immunization Record.

CONSENT (to be signed by the Applicant)

I hereby authorize (give permission to) my Family Physician/Nurse Practitioner or Walk-in Clinic Physician/Nurse Practitioner to provide Douglas College Faculty of Health Sciences any information regarding my immunizations.

Applicant's Signature: _____ Date: _____

This record must be completed in full and returned to the Enrolment Services Office Admissions Advisor by the deadline date indicated on your acceptance letter.

PROOF OF IMMUNIZATIONS

(to be completed and signed by the Examining Physician/Nurse Practitioner)

KEEP A COPY OF ALL IMMUNIZATION DOCUMENTS FOR YOUR RECORDS

Student Name (Please Print)

Student Number

To the Applicant:

For admission, you are required to complete the following immunizations. Immunizations are required for your own protection and the protection of patients and families you care for as a student. If Health Authority immunization requirements are not met you may not have access to clinical agencies and, subsequently, be unable to complete required clinical courses which would prevent your progression in the program.

Copies of all original immunization and/or lab serology documents must be submitted along with the completed Immunization Record.

1. TETANUS-DIPHTHERIA-PERTUSSIS (Tdap) Vaccine

Category A:

Applicants who have received the Tetanus-Diphtheria-Pertussis primary series and booster immunizations and who can provide ALL documentation showing this:

Primary Series and booster doses documents attached: Yes _____

TD (Tetanus/Diphtheria) booster required within the past 10 years (this may be combined with a Tdap vaccine as 1 adult dose of Pertussis is recommended).

Documentation attached: Yes _____

Or Category B:

Applicants who did not receive their primary series with booster doses of Tdap or do not have access to their immunization documents must have the series done as an adult (only one dose Pertussis required as an adult):

1st Dose Tdap documentation attached: Yes _____

2nd Dose TD documentation attached: Yes _____

3rd Dose TD documentation attached: Yes _____

2. POLIO Vaccine

Category A:

Applicants who have received the Polio primary series immunizations and can provide ALL documentation showing this:

Primary Polio Series documents attached: Yes _____

Polio booster (required 10 years after primary series):

Documentation attached: Yes _____

Or Category B:

Applicants who did not receive their primary series of Polio or do not have access to their immunization documents must have the series done as an adult:

1st Dose Polio documentation attached: Yes _____

2nd Dose Polio documentation attached: Yes _____

3rd Dose Polio documentation attached: Yes _____

3. MEASLES-MUMPS-RUBELLA (MMR) Vaccine

Category A:

Applicants who have received 2 MMR immunizations and who can provide ALL documentation showing this:

MMR Series documentation attached: Yes _____

Or Category B:

Applicants who did not receive their MMR series or do not have access to their immunization documents must have the series done as an adult:

1st Dose MMR documentation attached: Yes _____

2nd Dose MMR documentation attached: Yes _____

Or Category C:

Applicants who have serology confirming immunity to MMR:

Serology documents attached: Yes _____

4. VARICELLA (CHICKENPOX) Vaccine

Category A:

Applicants who have received 2 Varicella immunizations and who can provide ALL documentation showing this:

Varicella Series documents attached: Yes _____

Or Category B:

Applicants who did not receive their Varicella series or do not have access to their immunization documents must have the series done as an adult:

1st Varicella Dose documentation attached: Yes _____

2nd Varicella Dose documentation attached: Yes _____

Or Category C:

Applicants who have serology confirming immunity to Varicella:

Serology documents attached: Yes _____

Or Category D:

Applicants who have had the disease after 12 months of age.

Yes: _____

HEPATITIS B Vaccine

Category A:

Two doses if given as part of routine immunizations in grade 6; otherwise three doses:

1st Dose Hepatitis B documentation attached: Yes _____

2nd Dose Hepatitis B documentation attached: Yes _____

3rd Dose Hepatitis B documentation attached: Yes _____

Or Category B:

Applicants who have serology confirming immunity to Hepatitis B:

Serology documents attached: Yes _____

PHYSICIAN'S/NURSE PRACTITIONER'S NAME, ADDRESS, PHONE & FAX NUMBER (printed or stamped)