



IMMUNIZATION Requirements

Process for Completing the Okanagan College Immunization Record

The completed **Okanagan College Immunization Record** will provide the evidence of the required immunizations. It must be submitted to the Office of the Registrar, Admissions.

The student should make an appointment with their health care provider. Take a copy of all childhood or previous immunization records with you, and have the IMMUNIZATION RECORD form completed and ***signed by the health care provider.***

If you wish to update your Immunizations, they are available from your family physician, from community health centers, or ***Travel Medicine & Vaccination Clinics*** (<http://www.tmvc.com/>).

Influenza Vaccines (aka flu vaccine)

Influenza vaccines are not on the Immunization Record as they are an annual vaccine that is available generally in November each year.

As part of the BC Influenza Control Program Policy introduced last year, any individual covered by the policy (including unionized and excluded employees, credentialed professionals, physicians, **students**, volunteers, contractors, vendors and visitors) will be required to protect against influenza **by either receiving a flu shot or wearing a mask while in a patient care area during the flu season.** Generally the time frame for non-immunized individuals being required to wear a mask is November through to March.

All students are responsible for obtaining and keeping proof of influenza vaccination. Failure to provide proof to your clinical teacher will mean you will be required to wear a mask all shift while in patient care areas.

Students who cannot be immunized because of allergies, pregnancy, or for other reasons must provide a letter from a health care provider to that effect.

BE ADVISED:

Regardless of the reason, you will be excluded from a clinical site during an outbreak if you are not immunized against the infectious agent. This will result in missed time that cannot be made up and may result in a failure.

Declaration

I have read the above information and I am aware of the risks and implications to me if I choose not to receive the recommended immunizations.

Name (Print Please) _____

Signature _____ Date _____

Okanagan College IMMUNIZATION RECORD

NAME: _____ **MAIDEN NAME:** _____
(Last) (First) (Initial) (If applicable)

DATE OF BIRTH: _____ **Student ID#:** _____

***Please list FULL dates for immunizations where required.**

<p>DIPHTHERIA / TETANUS MET REQUIREMENT <input type="checkbox"/> <i>Diphtheria & Tetanus Toxoid booster dose every 10 years or a minimum of at least once during adult life.</i> <input type="checkbox"/> Immunized <input type="checkbox"/> Unknown</p>	<p>HEPATITIS B MET REQUIREMENT <input type="checkbox"/> <i>If necessary, this series may be initiated upon entry into your program. Antibody testing should be done within 1 to 6 months after immunization is completed, and follow up immunizations would be recommended as necessary.</i> <input type="checkbox"/> Titre Positive <input type="checkbox"/> Titre Negative <input type="checkbox"/> Immunized Admin Date 1: _____ Admin Date 2: _____ Admin Date 3: _____ <input type="checkbox"/> Unknown</p>
<p>POLIO MET REQUIREMENT <input type="checkbox"/> <i>Primary course of poliovirus (OPV or IPV) or primary immunization with inactivated poliomyelitis vaccine (IPV). Primary Series (3 doses) in early childhood.</i> <input type="checkbox"/> Immunized <input type="checkbox"/> Unknown</p>	<p>HEPATITIS SEROLOGY</p> <p>HBsAb <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Required <input type="checkbox"/> Unknown Test Date: _____ Test Date: _____</p> <p>HBsAg <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Required <input type="checkbox"/> Unknown Test Date: _____ Test Date: _____</p>
<p>MEASLES MET REQUIREMENT <input type="checkbox"/> <i>Documented physician-diagnosed immunity from the disease or two live Measles, Mumps and Rubella (MMR) vaccines. MEASLES PROTECTION: Two doses of MMR are recommended for all individuals born on or after Jan. 1, 1957 who do not have a history of lab confirmed measles disease.</i> <input type="checkbox"/> Assumed/Confirmed Immunity Year: _____ <input type="checkbox"/> Immunized <input type="checkbox"/> Unknown</p>	<p>NOTES:</p>
<p>RUBELLA MET REQUIREMENT <input type="checkbox"/> <i>A single dose of MMR are recommended for all individuals who do not have evidence of rubella immunity. One dose is considered evidence of immunity to rubella.</i> <input type="checkbox"/> Assumed/Confirmed Immunity Year: _____ <input type="checkbox"/> Immunized <input type="checkbox"/> <input type="checkbox"/> Unknown</p>	
<p>VARICELLA MET REQUIREMENT <input type="checkbox"/> <i>For those who do not have either reliable history of disease or serologic evidence of immunity (Varicella IgG titre) two doses of vaccine are recommended.</i> <input type="checkbox"/> Assumed/Confirmed Immunity Year: _____ <input type="checkbox"/> Immunized <input type="checkbox"/> Unknown</p>	

Student Signature:

I certify that the above information is accurate and up to date.

Date: _____

Health Care Provider Signature:

Name or Stamp of Health Care Provider reviewing this document:

Date: _____