IMPORTANT INSTRUCTIONS TO COMPLETING IMMUNIZATION RECORD:

Completing the attached Immunization Form is a mandatory requirement for the program you are enrolled in.

It is imperative that you begin this process immediately as it can take several weeks to complete. Forms must be completed in full and submitted to Verified along with the rest of the non-health requirements listed on your ESPC package. If you are an International student, the process needs to be completed in your home country.

****NOTE**** You are responsible for completing the immunization requirements through **your own health care provider** and **not** Fleming College Student Health Services.

Please read and follow each step below very carefully:

1. Before calling your healthcare provider, be sure that you have read through the entire Immunization Form so that you understand what is required.

2. Next, call your healthcare provider to book an appointment to get the required blood work done. Your form will identify what blood work is needed. Most students will also require TB testing (see form for direction). For early childhood immunization records, you may need to contact your local Public Health Unit.

3. Once bloodwork has been completed, be sure your healthcare provider follows up with you (or you with them) regarding your results and provides any booster injections, as needed.

4. Copies of all bloodwork results, injection dates, chest x-ray results (if required) must be recorded on and attached to the form. Be sure to sign and date your form.

5. Do not submit your form until all required sections are complete.

6. Once your form is completed, please follow the Non-Academic Requirements (NARS) specific to your program. You can find this information on the NARS website, located here: https://department.flemingcollege.ca/nars/

7. Keep a copy of all forms.

If you are unable to participate in immunizations due to a "medical contraindication(s)", please contact your Program Coordinator ASAP, as obtaining a placement may not be possible due to strict regulations of certain agencies. Failure to participate in placement may also prevent you from meeting the necessary requirements of your program.

If you have any questions or require assistance, please let us know by emailing the Non-Academic Coordinator at nars@flemingcollege.ca

Non-Academic Requirements, Fleming College
599 Brealey Drive, Room A2132.4
Peterborough, ON K9J 7B1
nars@flemingcollege.ca

Immunization and Communicable Disease Form

Student Name: _____

Student ID#: _____

Fleming email: _____

Phone Numbers: _____

Note to Healthcare Provider

Thank you for your cooperation with the immunization process for candidates admitted to Fleming College. Failure to complete the form and provide documentation of the required serology results will prevent the student from attending clinical and can have a negative impact on the student's progress in the program.
Please note all information must be transcribed to this form, as supporting documents alone will not be accepted. Please fill out all sections on all pages of the form.

Release of Information

By signing below, I certify all information to be true and correct to the best of my knowledge. My signature also permits release of these forms and any supporting documentation to the School Office Designate(s) who may also share this information with a placement agency for purposes of securing a placement for me. Failure to complete this form and provide the required documentation may prevent you from obtaining a placement due to the strict regulations of certain agencies. This form **is not** retained by Fleming NARS or Health Services, so be sure to **keep a copy for your own personal records**.	
Student Signature:	**Date:**
I have received and reviewed this patients record and acknowledge and confirm the accuracy to the best of my knowledge.	
Health Care Provider Signature:	**Date:**

Tuberculosis Screening (TB)

Mandatory (if previous positive skin test, then documentation of positive skin test along with most recent chest x-ray result needs to be recorded & attached to form.)

After receiving your first injection, injection #2 must be administered **7 to 28 days** after step 1. Results must be measured in mm. If two injections have been administered previously, following the above protocol, simply record dates below (repeating both injections are **not** required). Students must submit evidence of their previous negative two-step Mantoux skin test (TB) if completed in previous years.

Date: Step #1 (dd/mm/yyyy)	Date Read: (dd/mm/yyyy)	Results in mm:
Date: Step #2 (dd/mm/yyyy) (7 – 28 days apart)	Date Read: (dd/mm/yyyy)	Results in mm:
If Mantoux Test is Positive: Chest x-ray required Date of x-ray: (dd/mm/yyyy)	Chest x-ray Result: **(Please attach chest x-ray result)**	
Did the student receive prophylactic treatment (INH?) ❑ Yes ❑ No	Has the student had a BCG vaccination? ❑ Yes ❑ No	
Any current signs and symptoms of active TB? ❑ Yes ❑ No		

Annual Tuberculosis (TB) Single Injection Required if previously completed a two-step TB test (Proof of both a completed Two step TB test and the annual one step is required the two step was done in previous years)

Date: (dd/mm/yyyy)	Date Read: (dd/mm/yyyy)	Results in mm:

Tuberculosis Screening

1. All students must have **documented proof** of a Two-Step TB Mantoux skin test. If proof is not available for the Two-Step Mantoux skin test or if it has not been completed previously, then the student must receive an initial Two-Step TB Mantoux test. The Two-Step needs to be performed ONCE only and it never needs to be repeated. Any subsequent TB skin tests can be One-Step, regardless of how long it has been since the last skin test. Students who have a received a BCG vaccination are NOT EXEMPT from the initial Mantoux testing. Pregnancy is NOT a contraindication for performance of a Mantoux skin test.
2. Mantoux testing must be completed prior to the administration of any live vaccines (i.e. MMR, IPV) OR **defer skin testing for 30 days** after the live vaccine is given.
3. If a student was positive from a previous Mantoux Two-Step skin test and/or has received TB treatment, the health care provider must provide a document stating the student is free from signs and symptoms of active tuberculosis.
4. Any student who has proof of a previous **negative** Two-Step, must complete a One-Step

For any student who tests positive for the first time:

a. Include results from the positive Mantoux screening (mm of induration).
b. A chest x-ray is required, and the report must be attached.
c. Indicate any treatments that have been started.
d. Provide documentation that the student is clear of signs and symptoms of active TB.
e. The responsibility for follow up lies with the health care provider as per the OHA/OMA Communicable Disease Surveillance Protocols

Red Measles, Mumps, Rubella (German Measles) – MMR

MANDATORY (ALL PROGRAMS)

Documentation of receiving **two doses** of **MMR** on or after 1st birthday is required.
If documentation is unavailable or if only one injection date is recorded, then **bloodwork must be done within the past six months of starting school to check immunity.**
Blood tests must cover **measles, mumps, and rubella.** Based on bloodwork results, further injection(s) may be required. See below for instruction. **Record & attach copy of bloodwork results to form.**

MMR Vaccinations: MMR #1 Date: (dd/mm/yyyy)_____ MMR #2 Date: (dd/mm/yyyy)_____ →	If **two MMR dates are provided,** then **no further action is** required. If **no dates** provided or only **one MMR date recorded,** then **bloodwork is required.**
Bloodwork Date: (dd/mm/yyyy)_____ Measles Result:_____ Mumps Result:_____ Rubella Result:_____ Partial Immunity ↓ →	If bloodwork results for all three viruses indicate **"non-reactive," "non-immune" or "indeterminate,"** then **two (2) MMR vaccines MUST be administered (4 weeks apart).** MMR #1 Date:(dd/mm/yyyy)_____ MMR #2 Date:(dd/mm/yyyy)
If bloodwork results for **one or two of the viruses** above indicate **"non-reactive", "non-immune" or "indeterminate,"** then **one (1) single booster dose of MMR is required.** →	**MMR Booster Date:**(dd/mm/yyyy)_____

VARICELLA (Chicken Pox or Shingles)

MANDATORY (ALL PROGRAMS)

Documented two (2) doses of receiving vaccination **OR** bloodwork results showing immunity are required. Bloodwork results for **Varicella only** are not date specific and we will accept any bloodwork done in the past**.**
Record and attach copy of bloodwork results to form.

*Dose # 1: (dd/mm/yyyy)	**Varicella Bloodwork Date:** (dd/mm/yyyy)
*Dose # 2: (dd/mm/yyyy)	Bloodwork Result:
***Two injections required only if bloodwork results above indicate **"non-reactive," "non-immune" or "indeterminate."**	

Diphtheria/Tetanus/Acellular Pertussis/Polio (DTaP – IPV) Childhood Series and Current Booster

MANDATORY (ALL PROGRAMS)

Documentation of completed childhood series is required **(approx. ages 2 months to 5 years).** Record of most recent booster of Td or Tdap in the **last 10 years** is also required. These records can be obtained from a yellow immunization card or by contacting the local Public Health Unit or your family physician.

Note: In addition to recording your childhood series date (below), students in programs who will be attending placement within a hospital setting, i.e. **Practical Nursing, Personal Support Worker, Pharmacy Technician, Community Pharmacy Assistant, Health Information Management, Occupational Therapist Assistant/Physiotherapist Assistant** should ensure that they have received a minimum of **one (1)Tdap (Adacel/Boostrix) booster dose,** to satisfy the pertussis surveillance protocol for Ontario hospitals, as per OHA/OMA guidelines.

Childhood Series Completed: Please check one: YES ☐ **NO** ☐		
Td Booster: dd/mm/yyyy _____AND/OR Tdap Booster: dd/mm/yyyy _____ Required every 10 years		
Important Note: If childhood series dates above are "unavailable" or if records are "incomplete", then **"un-immunized adult series"** must be given for **Tetanus & Polio.** Please discuss this with your health care provider and show proof that you have started the series below.		
Dose #1 Date:	**Dose #2 Date:**	**Dose# 3 Date:**

Hepatitis B Bloodwork

Mandatory only for programs below:

- Practical Nursing - Personal Support Worker - Occupational Therapist/Physiotherapist Assistant - Paramedic - Developmental Service Worker	- Health Information Management - Pharmacy Technician - Community Pharmacy Assistant - Child and Youth Care - Massage Therapy
NOTE: Underlined programs will be required to have repeat Hepatitis B bloodwork after booster or series. More info in table below.	

Must have Hepatitis B bloodwork immunity testing **done within the past six months of starting school.** Documentation of Hepatitis B vaccinations for these programs is also required. For all other programs, Hepatitis B vaccinations are not mandatory, but strongly recommended**. Record and attach copy of bloodwork results to form.**

Date of Hepatitis B Vaccine	**Dose #1**	**Dose #2**	**Dose #3**
Hepatitis B Bloodwork (HbsAb)	Date of Bloodwork:	Bloodwork Result	Please attach copy of the result
Hepatitis B Booster Dose Required if bloodwork result is < 10 iu/ml	Date:		
Repeat Hepatitis B Bloodwork (required only if hepatitis B booster or series was given) Bloodwork must be done at least one month after the booster.	Date of Bloodwork:	Bloodwork Result	Please attach copy of the result

Fleming College

COMMUNICABLE DISEASE DECLARATION

This declaration must be signed by you in the presence of a Physician or Registered Nurse. The witness signature of the health care provider is also required. By signing below, the student in the Paramedic program at Fleming College declares that, at this time, they are not under the care of a healthcare provider or being treated for any of the diseases listed in Table 1 - Part B of the Ambulance Service Communicable Disease Standards (see below) and is thus in compliance with these requirements.

□ Acquired Immunodeficiency Syndrome (AIDS)	□ Amebiasis
□ Anthrax	□ Botulism
□ Campylobacter enteritis	□ Chicken Pox (Varicella)
□ Cholera	□ Cytomegalovirus Infection (Congenital)
□ Diphtheria	□ Encephalitis (Primary Viral)
□ Gastrointesteritis	□ Giardiasis
□ Group A Streptococcal Disease (Invasive)	□ Haemophilus Influenza B Disease (Invasive)
□ Hemorrhagic Fevers including Ebola virus disease, Marburg Virus Disease, and Other Viral Causes	□ Viral Hepatitis including Hepatitis A, B, and C
□ Influenza	□ Lassa Fever
□ Legionellosis	□ Leprosy
□ Listeriosis	□ Malaria
□ Measles	□ Viral Meningitis
□ Meningococcal Meningitis	□ Mumps
□ Opthalmia Neonatorum	□ Parathyphoid Fever
□ Pertussis (Whooping Cough)	□ Plague
□ Poliomyelitis (Acute)	□ Psittacosis / Ornithosis
□ Q Fever	□ Rabies
□ Rubella	□ Rubella (Congenital Syndrome)
□ Salmonellosis	□ Shigellosis
□ Tuberculosis	□ Tularemia
□ Typhoid Fever	□ Verotoxin producing E. Coli Infections
□ Yellow Fever	□ Yersiniosis

Student Name (please print): _____

Student Signature: _____ Date: _____

(must be signed in the presence of Physician or Registered Nurse)

Witness Name (please print): _____
(must be Physician or Registered Nurse)

Witness Signature: _____Date:_____