

Practical Nursing, Resident Care Worker, Dental Assisting, Human Services, Primary Care and Advanced Care Paramedicine applicants:

Students **accepted** in the Practical Nursing, Resident Care Worker, Human Services, Dental Assisting, Primary Care and Advanced Care Paramedicine programs are **required** to have up to date immunizations and TB testing in order to be permitted to participate in clinical practice settings (hospitals, long term care facilities, and EMS vehicles). Students accepted to these programs will not be allowed into clinical settings without these immunizations and therefore will not be able to complete the programs.

The attached form must be completed prior to program start. The Physician or Public Health Nursing office that administered your immunization as a child and during your school years will need to complete this form. If your records are not available, you will have to be immunized and screened again. Please note that there is a waiting time between some doses of immunizations, as long as 6 months for the series of Hepatitis B vaccines. Once you are accepted into a program, please begin the process **early** so that you will be prepared for your clinical placement.

The Chicken Pox vaccine and the MMR vaccine interfere with the TB testing. Therefore, have the TB testing first if you require Chicken Pox and/or MMR vaccines. If you have started the Chicken Pox or MMR series, TB testing cannot be done until 6 weeks after their completion.

Please bring this **completed form to your first class**. Any specific concerns will be dealt with at that time. If you have any questions, call Rosemary White, Program Manager, Health and Community Studies at 1.902.566.9672.

Child and Youth Care Worker Applicants

It is recommended that students enrolling in the Child and Youth Care Worker Program have up to date immunizations; **especially Hepatitis B**. Please bring your completed Hep B section of the form to your first class.

Holland College Health Programs Applicant Immunization Records

A. STUDENT'S PERSONAL INFORMATION						
Last Name (Print):			First Names (Print):			Academic Year 20____ - 20____
Date of Birth:	D	M	Y	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Student ID #:	
Address:		City:			Country:	
		Province:			Postal Code:	
Telephone Number:			Email:			Cell:
Program of Study:						
FOR OFFICE USE ONLY Date Accepted as Complete: D M Y						

B. TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL	
<p>DPTP -Diphtheria, Pertussis (whooping cough), Tetanus, Polio This is a primary series of 4. Please indicate dates and which vaccines were included in the primary series.</p> <p>Date #1 _____ Vaccines _____</p> <p>Date #2 _____ Vaccines _____</p> <p>Date #3 _____ Vaccines _____</p> <p>Date #4 _____ Vaccines _____</p> <p>If you are unable to locate your records, you will need to have this series repeated (3 doses over 8 months).</p> <p>Polio vaccinations - If you have had polio vaccinations in addition to the above, please indicate those dates. Dates: 1 _____ 2 _____ 3 _____</p> <p>Booster Tetanus/Diphtheria. You will require a booster if you haven't had one in the last 10 years. Date of Booster _____</p>	
<p>MMR -Measles, Mumps, Rubella If you were born after 1970 you should have had 2 doses of MMR provided you did not have all three diseases. If you haven't had the diseases or the MMR vaccine, you must get this vaccine (will need at least a month between doses).</p> <p>Has the applicant been vaccinated against Measles, Mumps and Rubella? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Dates:</p> <p>Measles (Rubeola): 1st dose _____ 2nd dose _____</p> <p>Mumps: 1st dose _____ 2nd dose _____</p> <p>Rubella (German measles): 1st dose _____ 2nd dose _____</p>	

PAGE # 2	STUDENT NAME:	ID#
<p>Influenza Vaccine Influenza vaccine should be received annually.</p> <p>Date of last influenza vaccine: _____</p>		
<p>Hepatitis B Vaccine Most applicants will not have had this vaccine. Please begin this series early as it takes 6 months to complete. Has the applicant received a series of 3 Hepatitis B vaccines? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date 1st dose: _____ Date 2nd dose: _____ Date 3rd dose: _____</p> <p>Hepatitis B Antibody level After the series is completed, the Hepatitis B Antibody level should be measured (blood work) to confirm immunity. This must be done between 1 and 6 months following the Hepatitis series.</p> <p>Hepatitis B Antibody level results: Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Date: _____</p>		
<p>Varicella (Chicken Pox) If you have had Chicken Pox, you do not require the vaccine. If you have not had Chicken Pox, you need two doses of this vaccine (doses one month apart).</p> <p>Has the applicant had a history of Chicken Pox? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, has the applicant received the Chicken Pox vaccine? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date 1st dose: _____</p> <p>Date 2nd dose: _____</p>		
<p>Tuberculosis (TB) Testing - Two Step - must be done within 12 months of program start date.</p> <p>Date 1st test: _____ Result: _____ mm If this 1st test is negative, you need a second test.</p> <p>Date 2nd test: _____ Result: _____ mm</p> <p>If this 1st test is positive, you will be sent for a chest x-ray and will not have a second TB test. Was a chest x-ray required? Yes <input type="checkbox"/> No <input type="checkbox"/> No evidence of disease <input type="checkbox"/> Disease Present <input type="checkbox"/></p>		

C. TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL	
Name and Title of Health Care Professional completing the form:	Telephone Number: _____
Last Name (Print):	First Name (Print):
Signature:	

D. CONSENT OF APPLICANT – TO BE COMPLETED BY STUDENT
<p>CONSENT OF APPLICANT: I consent to the release of my immunization information to appropriate personnel in order to meet requirements of admissions and clinical placement.</p> <p>Student Signature _____ Date _____</p>