



SCHOOL OF HEALTH AND HUMAN SERVICES  
IMMUNIZATION FORM

Student Name _____	Student ID Number _____
Date of Birth _____	Phone Number _____
Email Address _____	Program Name _____

**THIS FORM MUST BE COMPLETED**

**Immunization requirements listed below must be current.** Please have a health care professional such as a doctor or nurse complete this form. **You are responsible to return the completed form to the Academic Chair's Office on campus.** It is recommended that you keep a photo copy of this form for your own records as they may be required to show proof to placement agencies. Additional immunization may be required by specific agencies, for example- flu vaccine. Students will be notified by the campus, if requirements change or additional requirements are added.

**Immunizations**

**Date of Last Vaccine/Blood Test**

Diphtheria/Tetanus /Pertussis (dTap) \_\_\_\_\_ (Booster in past 10 Years)

Measles/Mumps /Rubella (MMR) #1 \_\_\_\_\_ #2 \_\_\_\_\_ (2 doses required if born after 1970)

Varicella- History of Chickenpox (age or year) \_\_\_\_\_ OR Blood Test Results \_\_\_\_\_

**Additional Immunization Requirements** for students in Behavioural Interventions, Continuing Care, Community Disability Supports, Dental Assisting II, Early Childhood Education, Health Information Management, Human Services, Medical Laboratory Technology and Assistant, Mental Health Recovery and Promotion, Occupational Therapy/Physiotherapy Assistant, Pharmacy Technology, and Practical Nursing.

**Hepatitis B**

Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_ (one month later)

Dose #3 \_\_\_\_\_ (6 months after first dose)

**Please note:** TB testing is **not** required for Behavioural Interventions, Early Childhood Education or Human Services Diploma **unless** specified at the campus.

Tuberculosis skin (TST) test - Two-step Dates #1 \_\_\_\_\_ #2 \_\_\_\_\_

TB testing is only required once every two years.

**Health Care Professional:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_