

## IMMUNIZATION RECORD

### First Year Students

**SUBMISSION OF THIS FORM IS MANDATORY – TO BE COMPLETED BY HEALTH CARE PROFESSIONAL ONLY**

**Student Name:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

### 1. HEPATITIS B:

**Section A: Must complete ALL of Section A:** (Lab evidence is sufficient if documentation of primary series unavailable)

Date of 1<sup>st</sup> dose \_\_\_\_\_ Date of 2<sup>nd</sup> dose \_\_\_\_\_ Date of 3<sup>rd</sup> dose \_\_\_\_\_

**Lab Evidence of Immunity against Hep.B (anti-HBs/HBsAb):** ☐ Immune (+) ☐ Non-immune (-) Date: \_\_\_\_\_

**Section B:** If *non-immune* in Section A, please provide:

**HBsAg:** ☐ Positive ☐ Negative Date: \_\_\_\_\_

If HBsAg positive: **HBsAg:** ☐ Positive ☐ Negative Date: \_\_\_\_\_

**Please enclose lab reports**

**Section C: "Second Series"** - If identified as *non-immune* in Section A and **HBsAg negative** in Section B, a booster dose AND follow-up Lab Evidence of Immunity is required. If non-immune, complete full series and complete serology after. (See explanatory notes for additional details regarding 'non-responders')

Date of 1<sup>st</sup> dose/booster \_\_\_\_\_

**Lab Evidence of Immunity against Hep.B (anti-HBs/HBsAb):** ☐ Immune (+) ☐ Non-immune (-) Date: \_\_\_\_\_

(To be completed 30 days post 1<sup>st</sup> dose/booster, and if immune, no further doses required)

Date of 2<sup>nd</sup> dose \_\_\_\_\_ Date of 3<sup>rd</sup> dose \_\_\_\_\_

**Lab Evidence of Immunity against Hep.B (anti-HBs/HBsAb):** ☐ Immune (+) ☐ Non-immune (-) Date: \_\_\_\_\_

(To be completed 30 days post last dose, and if non-immune see instructions)

### 2. MEASLES/MUMPS/RUBELLA and VARICELLA (If providing Titre, need to attach Titre results):

\*Must show 2 doses of MUMPS, MEASLES, and VARICELLA vaccines, 1 dose of RUBELLA Vaccine, **OR**, positive blood test of each of M/M/R/V

**MEASLES** 1<sup>st</sup> Immunization Date \_\_\_\_\_ 2<sup>nd</sup> Date \_\_\_\_\_ or Titre Date \_\_\_\_\_  
[Immune] [Non-Immune] [Indeterminate]

**MUMPS** 1<sup>st</sup> Immunization Date \_\_\_\_\_ 2<sup>nd</sup> Date \_\_\_\_\_ or Titre Date \_\_\_\_\_  
[Immune] [Non-Immune] [Indeterminate]

**RUBELLA** 1<sup>st</sup> Immunization Date \_\_\_\_\_ or Titre Date \_\_\_\_\_  
[Immune] [Non-Immune] [Indeterminate]

**VARICELLA** 1<sup>st</sup> Immunization Date \_\_\_\_\_ 2<sup>nd</sup> Date \_\_\_\_\_ or Tite Date \_\_\_\_\_  
[Immune] [Non-Immune] [Indeterminate]

\*History of Varicella is not sufficient.

Administration of a LIVE virus vaccine MAY interfere with TB skin testing, unless administered on the SAME day, or 4-6 weeks apart.

### 3. POLIO Date of last dose of primary series: \_\_\_\_\_

**4. TETANUS/ DIPHTHERIA /ACELLULAR PERTUSSIS** (most recent dose): Date: \_\_\_\_\_

Date of last dose of primary series: \_\_\_\_\_

Dates of any booster doses: \_\_\_\_\_

A single dose of Tetanus/Diphtheria/Acellular Pertussis (Tdap) should be given to all students who have not previously received an adolescent or adult dose of Tdap. **It is not necessary to wait for the next diphtheria/tetanus booster to be due.**

**5. TUBERCULOSIS** CHOOSE one of A or B or C to decide on the TB testing requirement:

**A.** This student requires a Baseline 2-step Mantoux because:

- ☐ there is no previously documented negative Mantoux test result
- ☐ the ONE previously documented negative single-step Mantoux test was more than 12 months ago

**B.** This student requires a single-step Mantoux because:

- ☐ there are 2 or more previously documented negative single-step Mantoux tests (the last one performed within the past 12 months)
- ☐ there is 1 previously documented negative 2-step Mantoux test more than 12 months ago. Please attach proof of test.
- ☐ the last negative Mantoux was documented within the past 12 months

**C.** This student DOES NOT require a Mantoux test because:

- ☐ there is a previously documented positive Mantoux (see below for additional steps)
- ☐ a Mantoux test is contraindicated because: (see instructions for list of contraindications)

Date of Test # 1: \_\_\_\_\_ Reading # 1 (mm): \_\_\_\_\_ INTERPRETATION: Negative: ☐ Positive: ☐

Date of Test # 2: \_\_\_\_\_ Reading # 2 (mm): \_\_\_\_\_ INTERPRETATION: Negative: ☐ Positive: ☐

*\*The 2-step Mantoux test must be completed between 7-28 days.*

Last known negative: \_\_\_\_\_

Previous treatment for TB: No ☐ Yes ☐ Duration of treatment: \_\_\_\_\_ Dates of treatment: \_\_\_\_\_ to \_\_\_\_\_

**CHEST X-RAY:** required because:

- |   |  |
|---|--|
| <input type="checkbox"/> the Mantoux test is positive and has never been evaluated          | <input type="checkbox"/> the previously diagnosed active TB was never adequately treated |
| <input type="checkbox"/> the previously documented positive Mantoux was not fully evaluated | <input type="checkbox"/> the student has pulmonary symptoms suggestive of TB             |
|   | <input type="checkbox"/> the last CXR was over 24 months ago                             |

Chest X-Ray Date: \_\_\_\_\_ Result: \_\_\_\_\_  
(Provide copy of result)

**6. INFLUENZA** - Annual Vaccination is strongly recommended

**STUDENT AUTHORIZATION (To be completed by the student):**

I authorize the health professional listed below to complete the immunization record. I give my consent that the information on this form may be shared with the teaching site and Office of Experiential Education staff as appropriate. I certify that to my knowledge that the information provided to complete and accurate.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH CARE PROFESSIONAL AUTHORIZATION (Student cannot complete their own form):**

I have read and understood the requirements as instructed. I certify that to my knowledge the above information is complete and accurate.

Signature of health care professional: \_\_\_\_\_ Date: \_\_\_\_\_  
or Name, address, and phone number of clinic/health care centre/hospital where form was completed

STAMP

Students must upload their completed immunization form and any lab results to Synergy Gateway Verified Inc.

STUDENTS MUST RETAIN ALL ORIGINAL DOCUMENTS FOR THEIR PERSONAL RECORDS.

**For Health Care Professional completing the Immunization Record for the student:**

**Do not authorize the applicant's immunization record without evidence of immunity or written documentation as defined below. Documentary proof of current immunization/immunity against specific diseases must be provided to the University of Toronto, Leslie Dan Faculty of Pharmacy, Office of Experiential Education. Note: Proof of immunity is required for all persons carrying on activity in hospitals in Ontario under Regulation 965 of the Ontario Public Hospitals Act. The specific requirements are:**

**1. Hepatitis B:**

Documented immunization of a complete series of Hepatitis B \* (*A two dose series is considered complete if given between the ages of 11-15*), including lab evidence of immunity Antibodies to HBsAg (Anti-HBsAg over 10IU/L = immune) must be provided at least one month after the vaccine series is complete (Section A). Lab evidence is sufficient if documentation of primary series unavailable. Individuals who are non-immune (i.e. do not have the antibodies against HBsAg after immunization), must be screened for the surface antigen (HBsAg). If the HBsAg result is positive, a further screen for e-antigen (HBeAg) must be performed (Section B).

Those who are non-immune and HBsAg negative must undergo a booster dose of HB immunization, and subsequent lab results recorded (Section C). If lab evidence (anti-HBs) does not demonstrate immunity after the booster dose, a complete second series should be done, with blood work completed after 30 days after last dose. If lab evidence does not demonstrate immunity after a complete second series ('non-responder'), individual consideration should be given to the case, depending on the professional requirements. Advice of the Expert Panel on Infection Control may be warranted to provide individual counselling (for example, in the event of a needlestick injuries). Non-responders are typically not required to undergo a third series of HB immunization. Routine booster doses of vaccine are not currently recommended in persons with previously demonstrated antibody as immune memory persists even in the absence of detectable anti-HBs, however periodic testing should be conducted in hepatitis B responders who are immunosuppressed to ensure they are maintaining their anti-HBs titre.

**2. Measles, Mumps, Rubella, Varicella:**

Students must demonstrate evidence of immunity. Only the following is acceptable as proof of immunity: documentation of the dates of receipt of vaccines (two doses for Measles and Mumps, one dose for Rubella, and two doses for Varicella) or positive titre results for antibodies with date. A history of Chicken Pox (Varicella) is NO LONGER sufficient evidence for immunity.

If this evidence of immunity is not available, the student must have (a) mumps and/or measles and/or rubella and/or varicella immunization(s) (if they had 0 doses, then two doses are required), in the form of a trivalent measles-mumps- rubella (MMR) or Varicella vaccine, unless the student is pregnant. Females of child-bearing age must first assure their health care professional that they are not pregnant, and will not become pregnant for one month after receiving this vaccine. Administration of the second Varicella dose should be at least 6 weeks from the first<sup>1</sup> (NACI).

Administration of a LIVE virus vaccine MAY interfere with TB skin testing, unless administered on the SAME day, or 4-6 weeks apart.

**3. Polio**

Primary immunization against **polio** is sufficient. In the absence of documentation of an original series, the learner should receive an adult primary series consisting of at least three doses of inactivated polio vaccine (IPV).

**4. Tuberculosis:**

Students whose tuberculin status is unknown, and those previously identified as tuberculin negative (with only ONE single- step Mantoux), require a baseline two-step Mantoux skin test with PPD/5TU, unless there is a documented negative PPD test during the preceding 12 months, in which case a single-step test may be given. For students who have had  $\geq 2$  previously documented

<sup>1</sup> National Advisory Committee on Immunization (NACI). *Varicella Vaccination Two-Dose Recommendations*. Canada Communicable Disease Report Vol 36 ACS-8 Sept 2010. Public Health Agency of Canada (Available at: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/10vol36/acs-8/index-eng.php>)

negative single step PPD tests or 1 previously documented 2-step PPD test, a single-step test may be given.<sup>2 3</sup> If a student has a previously documented positive tuberculin skin test, the student does not need to receive another tuberculin skin test, but requires additional documentation.

IGRA (Interferon-Gamma Release Assay) can be used as an alternative for TB skin test and is valid for one year. IGRA is not a substitute for TB Chest X-Ray.

**Annual TB testing is a requirement for individuals who have previously tested negative.**  
 A negative TB test result is valid for 12 months only.  
 Students who have had previous Bacille Calmette-Guerin (BCG) vaccine may still be at risk of infection and should be assessed. **A history of BCG vaccine is not a contraindication to tuberculin testing.**

**CONTRAINDICATIONS** to tuberculin testing are:

- history of severe blistering reaction or anaphylaxis following the test in the past;
- documented active TB/clear history of treatment for TB infection or disease in the past;
- extensive burns or eczema in area of testing site;
- major viral infection (persons with a common cold may be tested) and/or
- live virus vaccine in the past 4-6 weeks (TB skin test CAN be given on SAME DAY as live virus vaccine)<sup>4</sup>.

**NOTE: Pregnancy is NOT a contraindication for performance of a Mantoux skin test.**

Interpretation of the TB Skin Test <sup>5</sup>	
TB Skin Test Reaction Size (mm induration)	Situation in Which Reaction is Considered Positive
0 – 4 mm	HIV infection with immune suppression AND the expected likelihood of TB infection is high (e.g. patient is from a population with a high prevalence of TB infection, is a close contact of an active contagious case, or has an abnormal x-ray)
5-9 mm	HIV infection Close contact of active contagious case Abnormal chest x-ray with fibronodular disease Other immune suppression: TNF-alpha inhibitors, chemotherapy
≥ 10 mm	All Others

**Chest X-rays should be taken on students who:**

- are TB skin test positive and have never been evaluated for the positive skin test;
- had a previous diagnosis of active tuberculosis but have never received adequate treatment for TB; and/or
- have pulmonary symptoms that may be due to TB.
- CXR more than two years ago.

If the evaluation of a student is suggestive of TB, the health care professional MUST direct the student to a TB clinic for further assessment and recommendations (For example: Toronto Western Hospital TB Clinic Tel: 416-603-5853).

Active cases of TB, those suspected of having active TB disease, tuberculin skin test converters and those with a positive TB skin test are reportable to the local Medical Officer of Health. Occupationally acquired active TB and LTBI are also reportable to Workplace Safety and Insurance Board (WSIB) and the Ontario Ministry of Labour.

### 5. Diphtheria, Tetanus Acellular Pertussis:

Documented history of a primary series and dates of boosters are required. In the absence of documentation of an original series,

<sup>2</sup> Canadian Tuberculosis Standards, 6<sup>th</sup> ed., Public Health Agency of Canada and The Lung Association, 2007  
<sup>3</sup> Tuberculosis Surveillance Protocol for Ontario Hospitals, Ontario Hospital Association and Ontario Medical Association, 2008.  
<sup>4</sup> Centers for Disease Control and Prevention (CDC). Tuberculosis (TB). Fact Sheets. June 20 2011. (Available at: <http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>)  
<sup>5</sup> Canadian Tuberculosis Standards, 6<sup>th</sup> ed., Public Health Agency of Canada and The Lung Association, 2007 (p. 63)

the learner should be offered immunization with a full primary series. If the most recent booster is not within the last 10 years, a booster must be given.

A single dose of Acellular Pertussis in the form of a Tdap (Adacel® vaccine) is given if not previously received as an adolescent (14-16 years) or adult (18 years +). There is no contraindication in receiving Tdap in situations where the learner has had a recent Td immunization.

## **6. Influenza:**

Annual influenza vaccination is strongly recommended for seasonal influenza. Students who choose not to have an annual influenza vaccination should be aware that they may be limited from clinical placements in hospitals without documentation of vaccination.

### **References and Resources:**

- Council of Ontario Faculties of Medicine. *COFM Immunization Policy*. Approved May 23, 2008.
- Ontario Hospital Association, Communicable Diseases Surveillance Protocols (Available from: <http://www.oha.com>)
- Centers for Disease Control and Prevention (Available from: <http://www.cdc.gov/>)
- National Advisory Committee on Immunization (NACI) (Available from: <http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php>)
- Public Health Ontario , Infectious Diseases: <https://www.publichealthontario.ca/en/Diseases-and-Conditions/Infectious-Diseases>