THE Michener INSTITUTE of Education at UHN

Student's Name: _____

IMMUNIZATION REQUIREMENTS FORM

All Full Time Programs Due: August 31st

- ☐ Cardiovascular Perfusion
- ☐ Chiropody
- ☐ Diagnostic Cytology
- ☐ Genetics
- ☐ Medical Lab Sciences
- ☐ Nuclear Medicine & Molecular Imaging Technology
- ☐ Radiation Therapy
- ☐ Radiological Technology
- ☐ Respiratory Therapy
- ☐ Ultrasound

Please note: It is the responsibility of the student to keep a copy of the Immunization Requirements Form (IRF), laboratory reports, TB test forms, and any other associated health requirements documents. In keeping with Michener's Privacy Policy, these records are not archived and are destroyed once the student completes or permanently withdraws from their program.

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PERSONAL INFORMATION: (SECTION A TO BE COMPLETED BY STUDENT)

Last Name:		Given Names:		
Year of Admission:	Date of Birth: (MM/DD/YYYY)	☐ Male ☐ Female	Student #:	SIN #(WSIB Purposes):
Health Card #:		Expiry date:		Province:
Address (during academic program):				Apt. #:
City:	Province:	Country:		Postal/Zip Code:
Personal Email:		Michener Email (if available):		
Tel #:		Cell #:		
Notify in Emergency:		Relationship:		
Tel #:		Cell #:		

A. ACCOMMODATION/ACCESSIBILITY SERVICES

Students who have a documented need for Accommodation/Accessibility are required to complete the Accessibility Services Registration Form. Please bring this Form with you to your health care provider for completion. The form and any supporting documents must be uploaded to the student portal by August 31th. A follow up appointment with the Health Nurse is required by September 15th.

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B. POLICY FOR STUDENT PLACEMENTS

Health care providers have an obligation to protect patients and themselves from disease transmission that can occur within the health care practice settings. Immunization is an important tool in preventing the transmission of infections and assists in safeguarding the health of the student during their education and beyond.

1. Michener has mandated immunization requirements based on OHA/OMA Communicable Diseases Surveillance Protocols, for all students requiring clinical practice in designated clinical sites as part of their program of study.
2. Clinical sites have the right to refuse access to students who do not meet the immunization requirements.
3. Failure to submit a signed and correctly completed Immunization Requirement Form (IRF) may lead to Academic Standing penalty which may impact the student's ability to progress in the program.

It is the student's responsibility to ensure the following:

1. The IRF is completed, legible and signed by a health care professional. Medical exemption must be attached if applicable (no personal exemptions will be accepted).
2. Other requirements for clinical placement such as Standard First Aid/CPR-HCP (Health Care Provider) certification, Vulnerable Sector Check (VSC) and Mask Fit Test, must be submitted by posted deadlines.

C. IMMUNIZATION REQUIREMENTS (Please ensure the form is complete and legible)

Completion of Immunization requirements may entail more than one health care provider visit.

C.1 Tetanus/Diphtheria/Pertussis

A single adult dose (on or after 18th birthday) of Tdap – tetanus, diphtheria, pertussis is required. If the student has received the Tdap vaccination as an adult, a Tetanus and Diphtheria (Td) booster is recommended every 10 years. There is no contraindication in receiving Tdap if you had recently received Td vaccination. It is not necessary to wait until your next Td vaccination.

Tetanus/Diphtheria/Pertussis(Adacel) Date: _____

C.2 Varicella

Provide:

(a) a laboratory report as evidence of positive immunity*, **or**

(b) documented evidence of receipt of 2 varicella vaccines at least 4 weeks apart **or**

(c) a laboratory confirmation of disease.

*If negative immunity, a series of 2 varicella vaccines, given 4 weeks apart is required if conditions (b) or (c) are not met. ***If immunization is required plan for 6-8 weeks,*** to complete the process.

(a) A laboratory report confirming immunity Result: _____ Date: _____

* Varicella series of 2 vaccinations required if there is inadequate immunity

OR (b) Varicella vaccines: dates of 2 vaccinations

1. Varicella date: _____
2. Varicella date: _____(4-6 weeks after 1st dose)

OR (c) A lab report confirming evidence of the disease Result:_____ Date: _____

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C.3 Measles, Mumps, Rubella

Provide proof of a series of two MMR immunizations with the initial MMR vaccination date on or after 1st birthday. A 2nd MMR vaccine will be required if only one MMR immunization is documented. For students unable to provide documentation of previous MMR immunization, a laboratory report showing immunity is required; if negative immunity, a booster series of 2 dose(s) of MMR vaccine administered 4 weeks apart is required. ***If immunization is required plan for 8 weeks*** to complete the process.

a. Initial MMR vaccination dates, on or after 1st birthday, with doses given at least 4 weeks apart

1st MMR date: _____ 2nd MMR date: _____

OR

Measles, Mumps and Rubella - Immunity (MMR laboratory report)

b. Measles blood test Date: _____ Result: _____

Mumps blood test Date: _____ Result: _____

Rubella blood test Date: _____ Result: _____

c. MMR booster doses (if required) Date:_____

Date: _____

C.4 Hepatitis B:

Provide laboratory report as evidence of positive immunity. If negative immunity, a series of 3 injections may be required with follow up blood test. ***If immunization is required plan for 6-9 months,*** to complete the process.

(Accelerated series should be completed in 3 months, with a follow up booster in 12 months to achieve life-long immunity). **** Blood test 1 month after 3rd dose****. If previous immunization was remote (e.g. public school) and lab work is negative – give one dose of vaccine and re-test 4-6 weeks later. If negative again, complete second series.*

Dates of 3 vaccinations:

1st Series	**2nd Series**
1st hepatitis B Date: _____	1st hepatitis B Date: _____
2nd hepatitis B Date: _____	2nd hepatitis B Date: _____
3rd hepatitis B Date: _____	3rd hepatitis B Date: _____

AND

- ☐ **Proof of Immunity (Hep B laboratory report 1)**
- ☐ **Proof of Immunity (Hep B laboratory report 2, if required**)
- ☐ Non converter

Hep B laboratory report Date: _____ Result: _____

* An additional Hepatitis B series of 3 vaccinations required if there is inadequate immunity up to a maximum of 2 series. Series must be completed prior to the end of the first semester of study.

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C.5 Covid-19 Vaccine:

The Government of Ontario Directive #6 under the Health Protection and Promotion Act (HPPA) for public hospitals and other health system organizations, including Michener, requires students be vaccinated with Covid-19 vaccine. **Attach proof of 1st and 2nd vaccine doses.**

Covid-19 Vaccine (Pfizer-BioNTech, Moderna, AstraZeneca)

Covid-19 Vaccine #1: Name of vaccine: _____ Date vaccinated: _____

Covid-19 Vaccine #2: Name of vaccine: _____ Date vaccinated: _____

D. TUBERCULOSIS SURVIELLANCE REQUIREMENTS.

2-Step TB test is required <u>for all students</u> regardless of BCG vaccination, with the following exceptions:

(a) you have had a documented prior 2-step TB skin test, or

(b) you have a contraindication to TB skin test, or

(c) you had a negative one-step TB skin test within the last 12 months, then a single TB skin test is required.

If the skin test is positive a <u>chest X-Ray report must be provided</u>. **May take 4 weeks to complete**, the process.

History of TB infection: ☐ Yes ☐ No Approximate date: _____

Treatment date: _____

History of a positive TB test: ☐ Yes ☐ No Date: _____ Result: _____mm

* If yes, a negative chest x-ray report, dated after the date of a medical assessment of the positive TB test must be attached.

2-Step TB Test

	Date administered	**Date read**	**Results**
1.	_____	_____	_____mm
2.	_____	_____	_____mm

Annual 1-Step: Most recent TB skin test must have been completed within the last year, include with 2-step

Date administered	**Date read**	**Results**
_____	_____	_____mm

☐ **Report attached. Chest X-Ray: Required only if TB test result ≥10 mm (positive result)**

Comments: _____

* Medical Radiation Science students may obtain TB testing from the University of Toronto Health Services.

E. RECOMMENDED VACCINATIONS

E.1 ☐ Influenza Vaccine – annually each fall, from October 1 – November 30. Michener highly recommends all students be vaccinated with influenza vaccine. If there is an outbreak at the clinical site and you have not been vaccinated, the clinical site has the right to refuse access.

E.2 ☐ Bacterial Meningococcal Vaccine (Menactra or Menveo, Strains A, C, Y, and W135) is not mandatory but recommended for all Medical Laboratory Sciences students.

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F. DO YOU HAVE ANY KNOWN ALLERGIES?

☐ No ☐ Yes ☐ If yes, indicate if life threatening

Medication: _____

Environmental: _____

Food: _____

Latex: _____

Other: _____

Do you carry an EpiPen? ☐ Yes ☐ No

G. STUDENT AUTHORIZATION (To be completed by the student)

I _____ authorize the health care professional listed below to complete the Immunization Requirements Form. I give my consent that the information on this form may be shared with Michener Health Services staff and clinical teaching sites as appropriate.

I also understand that it is my responsibility to inform the appropriate Michener personnel of any communicable disease, special need or medical condition which may place me at risk or pose a risk to others at The Michener Institute or on clinical placement.

_____ _____

Student's Signature **Student ID Number**

HEALTH CARE PROFESSIONAL AUTHORIZATION (To be completed by health care professional)
I have read and understood the requirements as instructed. I certify that the above information is complete and accurate.

_____

Name of Health Care Professional (please print)

Clinic Stamp & contact information (telephone #):

_____ _____

Signature **Date**