

IMMUNIZATION REQUIREMENTS FORM (IRF)

Please note: It is the responsibility of the student to keep a copy of the IRF form, 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.

PERSONAL INFORMATION: (TO BE COMPLETED BY STUDENT)

Last Name:		First Name:	
Date of Birth: (MM/DD/YYYY)		Michener Student ID #:	
Academic Program Start Date:		IRF Due Date as per offer letter:	
Address (During Academic Program):			Apt. #:
City:	Province:	Country:	Postal/Zip Code:
Cell:	Personal Email:	Michener Email (if known):	
Emergency Contact:		Relationship:	
Telephone:		Cell:	

POLICY FOR STUDENT PLACEMENT

Healthcare providers have an obligation to protect patients and themselves from disease transmission that can occur within the healthcare 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.

- Michener has mandated immunization requirements based on OHA/OMA Communicable Diseases Surveillance Protocols, for all students requiring clinical practice as part of their program of study.
- Clinical sites have the right to refuse access to students who do not meet the immunization requirements.
- 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:

- The IRF is completed, legible and signed by a healthcare provider. Evidence of medical exemption must be attached if applicable (no personal exemptions will be accepted). **The Completed IRF must be submitted by the due date as per your offer letter.**
- Other requirements such as Standard First Aid/CPR-BLS (Basic Life Support) Certification and Vulnerable Sector Check (VSC), **must be also submitted by the due date as per your offer letter.**

ACCESSIBILITY & ACCOMMODATION SERVICES

- Students requiring academic or clinical placement accommodation should complete and submit an Accessibility Registration & Re-Registration Form as soon as possible, and before you IRF due date as per your offer letter.
- <https://michener.ca/students/student-success-network/accessibility-accommodations/>

THE FOLLOWING ARE MANDATORY REQUIREMENTS

As these requirements take several weeks/months to complete, mandatory requirements should be started well in advance of your IRF due date as noted on your offer letter.

<u>Evidence of immunity to Measles, Mumps and Rubella (MMR)</u> - Documentation of 2 doses of Measles, Mumps and Rubella (MMR) vaccine. (Initial MMR vaccination on or after 1st birthday with doses given at least 4 weeks apart) <u>OR</u> - Laboratory evidence of immunity. Attach Lab reports	<u>Record of MMR Vaccination</u> 1. First Dose Date: _____ 2. Second Dose Date: _____ <u>OR</u> Laboratory evidence of immunity Measles Date Immunity Test Completed: _____ Result (<u>circle one</u>): Reactive / Non-Reactive / Indeterminate Mumps Date Immunity Test Completed: _____ Result (<u>circle one</u>): Reactive / Non-Reactive / Indeterminate Rubella Date Immunity Test Completed: _____ Result (<u>circle one</u>): Reactive / Non-Reactive / Indeterminate									
<u>Evidence of immunity to Varicella</u> - Documentation of 2 doses of varicella vaccine. (Administered at least 4-6 weeks apart). <u>OR</u> - Laboratory evidence of immunity. Attach Lab reports	<u>Record of Varicella Vaccination</u> 1. First Dose Date: _____ 2. Second Dose Date: _____ <u>OR</u> Laboratory evidence of Varicella immunity Date Immunity Test Completed: _____ Result (circle one): Reactive / Non-Reactive / Indeterminate									
<u>Immunization against Tetanus, Diphtheria & Pertussis (Tdap)</u> - Documentation of one (1) adult dose of tetanus diphtheria acellular pertussis (Tdap) on or after 18th birthday – the adult dose is in addition to the routine adolescent booster. - Adult Pertussis vaccination is mandatory	Record of latest Vaccination for Tetanus Diphtheria and Pertussis (Tdap) Date of Vaccination: _____									
<u>DOCUMENTATION OF COVID-19 VACCINE</u> All Michener students are required to be in compliance with the Mandatory COVID-19 Vaccination Policy https://michener.ca/discover-michener/policies/mandatory-covid19-vaccination/ with proof of full vaccination against COVID-19 where, “full vaccination” means having received all required doses of a COVID-19 vaccine approved by Health Canada. Attach proof of 1st and 2nd vaccine doses. (If you have received booster doses you can also attach proof) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Covid-19 # 1:</td> <td style="width: 45%;">Name of Vaccine:</td> <td style="width: 40%;">Date Vaccinated:</td> </tr> <tr> <td>Covid-19 # 2:</td> <td>Name of Vaccine:</td> <td>Date Vaccinated:</td> </tr> <tr> <td>Covid-19 Booster:</td> <td>Name of Vaccine:</td> <td>Date Vaccinated:</td> </tr> </table>		Covid-19 # 1:	Name of Vaccine:	Date Vaccinated:	Covid-19 # 2:	Name of Vaccine:	Date Vaccinated:	Covid-19 Booster:	Name of Vaccine:	Date Vaccinated:
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Covid-19 # 2:	Name of Vaccine:	Date Vaccinated:								
Covid-19 Booster:	Name of Vaccine:	Date Vaccinated:								



STUDENT NAME: _____

PROGRAM: _____

Documentation of Hepatitis B Immunity

- Proof of Hepatitis B immunity required (bloodwork: HBsAb titer >10.0). **Attach Lab reports.**

If immunity negative:

- Booster dose or complete 3-dose vaccine series and further blood testing will be required – consult your health care provider or Health Service Nurse
- **Note:** If not immune or starting Hepatitis B vaccination, accelerated dose schedule with Engerix-B vaccine should be completed in 3 months. A 4th completing dose should be given in 12 months to achieve long lasting immunity (* **Blood test 1 month after 3rd dose***)

If two 3-dose series have been completed, and HBsAb remains < 10.0

- Considered: “non-responder”
- Consultation with health care provider required

Record of Hepatitis B Immunity

Date HBsAb Test Completed: _____

Positive: ☐ Negative: ☐

Date second HBsAb test completed

(If necessary): _____
Positive: ☐ Negative: ☐

Record of Hepatitis B Vaccination

1. First Dose Date: _____
2. Second Dose Date: _____
3. Third Dose Date: _____
4. Fourth Dose Date (if necessary): _____
5. Fifth Dose Date: (if necessary): _____
6. Sixth Dose Date: (if necessary): _____

If Non-Responder:

Consultation with care provider date: _____

TUBERCULOSIS SERVILLANCE REQUIREMENTS

Results of baseline 2-step TB skin test must be provided, unless 1st Step is positive or you have had a previous positive TB skin test. (See POSITIVE instructions below).

If 1st Step is **NEGATIVE**, then a 2nd Step TB skin test must be given 7 to 21 days after the 1st test, in the opposite arm.

Note: History of BCG vaccine is not a contraindication to a TB Skin Test.

1st Step:	Date planted:	Date read:	Results (mm) induration:
2nd Step:	Date planted:	Date read:	Results (mm) induration:
If the above NEGATIVE 2-Step TB test was NOT completed within the last 12 months, a 1 Step TB skin test must ALSO be completed.			
1 Step:	Date Planted:	Date read:	Results (mm) induration:
If TB test is POSITIVE (i.e ≥ 10mm induration), a chest x-ray is required. Document positive TB test results above and submit chest x-ray report.			
Chest X-ray:	Date:	Result:	
History of TB Infection: ☐ YES ☐ NO		Date:	Treatment Date:
Signs + Symptoms of active TB: ☐ YES ☐ NO		Healthcare provider signature:	Date:

RECOMMENDED VACCINATIONS (These are not mandatory, but are highly recommended)

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

☐ Bacterial Meningococcal Vaccine (Menactra or Menveo, Strains A, C, Y and W153) is recommended for all Medical Laboratory Science students.



STUDENT NAME: _____

PROGRAM: _____

DO YOU HAVE ANY KNOWN ALLERGIES?

NO ☐ YES ☐ ☐ If yes, indicate type of reaction and if life threatening

Medication: _____

Environmental: _____

Food: _____

Latex: _____

Other: _____

Do you carry an EpiPen: YES ☐ NO ☐

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 completed and accurate.

Name of Health Care Professional (Please print)

Clinic Stamp & contact information (Telephone #)

Signature

Date