

**IMMUNIZATION/HEALTH RECORD**

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

This health form should be sent to the Student Affairs Office by Orientation day. It is your responsibility to keep a copy or scan of the completed form, as it may be requested by clinical facilities. An administrative fee will be charged to release your record (to you or others) after it has been submitted. It is absolutely critical that this form is submitted on time. You will not be permitted on clinical site visits until this form is submitted.

If you have questions, contact the Student Affairs Office, Department of Speech-Language Pathology, Faculty of Medicine  
Telephone: 416-978-1794 Email: slp.studentaffairs@utoronto.ca

**PART 1: To be completed by the Health Care provider.** Please refer to the Immunization Record Information page for further instructions.  
**PLEASE NOTE:** Any fees associated with the completion of this form are the responsibility of the student. Students are **not** allowed to complete their own forms.

**1. HEPATITIS B:**

**Section A: Must complete ALL of Section A**

Date of 1<sup>st</sup> shot: \_\_\_\_\_ Date of 2<sup>nd</sup> shot: \_\_\_\_\_ Date of 3<sup>rd</sup> shot: \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy) (dd/mm/yyyy)

Lab Evidence of Immunity against Hep. B (anti-HBs/HBsAB):  Immune (+)  Non-immune (-) Date: \_\_\_\_\_  
(dd/mm/yyyy)

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

HBsAg:  Positive\*  Negative Date: \_\_\_\_\_  
(dd/mm/yyyy)

If HBsAg positive: HBeAg\*:  Positive  Negative Date: \_\_\_\_\_  
(dd/mm/yyyy)

\* enclose lab reports

**Section C: "Second Series" - If identified as non-immune in Section A and HBsAg negative in Section B, a COMPLETE 2<sup>nd</sup> immunization series of 3 doses is required. AND follow-up Lab Evidence of Immunity is required. (See explanatory notes for additional details regarding 'non-responders')**

Date of 1<sup>st</sup> shot: \_\_\_\_\_ Date of 2<sup>nd</sup> shot: \_\_\_\_\_ Date of 3<sup>rd</sup> shot: \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy) (dd/mm/yyyy)

Lab Evidence of Immunity against Hep. B (anti-HBs/HBsAB):  Immune (+)  Non-immune (-) Date: \_\_\_\_\_  
(dd/mm/yyyy)

**2. MEASLES/MUMPS/RUBELLA and VARICELLA:**

**\*MUST SHOW 2 DOSES OF MMR AND VARICELLA VACCINE OR POSITIVE BLOOD TEST TO EACH OF M/M/R/V**

MEASLES Immunization Date \_\_\_\_\_ 2<sup>nd</sup> Date \_\_\_\_\_ or Titre \_\_\_\_\_

MUMPS Immunization Date \_\_\_\_\_ 2<sup>nd</sup> Date \_\_\_\_\_ or Titre \_\_\_\_\_

RUBELLA Immunization Date \_\_\_\_\_ 2<sup>nd</sup> Date \_\_\_\_\_ or Titre \_\_\_\_\_

VARICELLA Immunization Date \_\_\_\_\_ 2<sup>nd</sup> Date \_\_\_\_\_ or Titre \_\_\_\_\_

*\*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** (primary vaccination required) Date: \_\_\_\_\_  
(dd/mm/yyyy)

**4. DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS** (within last 10 years): Date: \_\_\_\_\_  
(dd/mm/yyyy)

*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. **INFLUENZA** - Annual Vaccination is strongly recommended. Date: \_\_\_\_\_  
(dd/mm/yyyy)

6. **COVID-19 VACCINE** – Vaccination is required and a third dose is optional but strongly recommended.

Date of 1<sup>st</sup> shot: \_\_\_\_\_ Date of 2<sup>nd</sup> shot: \_\_\_\_\_ Date of 3<sup>rd</sup> shot: \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy) (dd/mm/yyyy)

7. **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 over 12 months ago)
- there is 1 previously documented negative 2-step Mantoux test
- the last negative Mantoux was documented between 12-24 months ago

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:   
(dd/mm/yyyy) (Induration) (see interpretation table in information sheet )

Date of Test # 2: \_\_\_\_\_ Reading # 2 (mm): \_\_\_\_\_ INTERPRETATION: Negative:  Positive:   
(dd/mm/yyyy) (Induration)

Last known negative: \_\_\_\_\_ BCG Vaccination: No  Yes  Date: \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

Previous treatment for TB: No  Yes  Duration of treatment: \_\_\_\_\_ Dates of treatment: \_\_\_\_\_ to \_\_\_\_\_  
(mm/yyyy to mm/yyyy)

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

- the Mantoux test is positive and has never been evaluated
- the previously diagnosed TB (active or latent) was never adequately treated
- the previously documented positive Mantoux was not fully evaluated
- the student has pulmonary symptoms suggestive of TB

Chest X-Ray Date: \_\_\_\_\_ Result: \_\_\_\_\_  
(dd/mm/yyyy) (If Abnormal, provide copy of result)

**PART 2: STUDENT AUTHORIZATION (To be completed by the student):**

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

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 university/clinical teaching site and Jane Kean, Clinical Education Assistant as appropriate.

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

**PART 3: HEALTH CARE PROVIDER AUTHORIZATION (To be completed by health care professional; student cannot complete their own forms):**

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

Signature of health care professional: \_\_\_\_\_ Date: \_\_\_\_\_

STAMP

or Name, address, and phone number of clinic/health care centre/hospital where form was completed:

**For Health Care provider 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, Faculty of Medicine, Department of Speech-Language Pathology. 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, 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). 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 second COMPLETE series of HB immunization, and subsequent lab results recorded (Section C). If lab evidence (anti-HBs) does not demonstrate immunity after the 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 (arranged by the Program) may be warranted to provide individual counselling (for example, in the event of a needlestick injury. Non-responders are 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) or positive titre results for antibodies with date. A history of chickenpox 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 practitioner 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.

**4. Diphtheria, Tetanus Acellular Pertussis:**

Immunization against **diphtheria** and **tetanus** is generally valid for ten years. Maintenance of up-to-date immunization status is required. Vaccination with **acellular pertussis** as an adolescent or adult is recommended. A single dose of acellular pertussis vaccine in the form of a Tdap (Adacel vaccine) is recommended if not previously received as an adult or adolescent, in place of one Td booster. There is no contraindication in receiving Tdap in situations where the student has had a recent Td immunization.

**5. 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.

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<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>)

**6. COVID-19 Vaccine:**

COVID-19 vaccination is required and a third dose strongly recommended.

**7. 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 ≥2 previously documented 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.

**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 tuberculosis but have never received adequate treatment for TB; and/or
- have pulmonary symptoms that may be due to TB.

If the evaluation of a student is suggestive of TB, the health care provider 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.

**REFERENCES and RESOURCES:**

- Council of Ontario Faculties of Medicine. *COFM Immunization Policy*. Approved May 23, 2008.
- Immunization Record, Undergraduate Medical Education, University of Toronto, Faculty of Medicine, 2009
- Immunization Record, Postgraduate Medical Education, University of Toronto, Faculty of Medicine, 2009
- Ontario Hospital Association, Communicable Diseases Surveillance Protocols (Available from: <http://oha.ca/>)
- 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>)

<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>)