

Communicable Disease Screening 2021/2022

Welcome new students!

Please have the attached form completed and sent to the Campus Health Centre as soon as possible **before your program start date** to avoid any placement delays. Include copies of blood test results and immunization records. The Campus Health Centre will review your records annually and provide you with proof of clearance for academic placement. There is a \$35.00 administrative fee payable when you come in to pick up your clearance card. If you have any questions about this form call: 705-474-7600 ext. 5261.

Immunization records are available online with **Immunization Connect Ontario**, an application accessible from most Ontario Public Health Unit websites or directly from your local Public Health Unit. All documentation should be signed by a licensed health care professional. Immunizations and tuberculosis testing can be performed at the Campus Health Centre if necessary.

Program Requirements for tuberculosis testing

Most students who will attend an academic placement outside the college or university must provide proof of one documented **two step TB test** (TST) performed at any time prior to clinical placement.

Tuberculosis screening is required annually.

Students can complete annual screening for TB exposure at the Campus Health Centre or provide proof of a negative one step TST each year (must have prior two step). TST fees are covered by the Ontario Health Insurance Plan (OHIP) when required for school program placement.

Before sending forms please confirm:

- Student information section is fully completed on page 1
- Consent is signed on page 2
- Immunization screening section is filled and signed by a health care provider
- Immunization records and blood test results are attached

Fax:

1-705-495-7909

mail:

Attention: Campus Health Centre
Canadore College/Nipissing University, 100 College Drive, North Bay ON, P1B 8K9

email

campushealthcentre@canadorecollege.ca

*must be accompanied by a signed Consent to Communicate Electronically form which can be found at:

[ECommunication Consent Form](#)

Communicable Disease Screening 2021/2022

1. Please have your health care provider complete this form
2. Attach copies of immunization records and blood test results
3. Send your form to the Campus Health Centre

Name: _____ DOB (DD/MM/YY): _____ Phone: _____

Health Card: _____ Program (i.e. ECE, SSW, RPN, BSCN etc.): _____

Permanent Address: _____

Student #: _____ Gender indicated on health card: Male Female

Email Address: _____

Tuberculosis Skin Testing (TST)	Two Step TB Test:	Recent One Step:
<p>New students involved in a community academic placement require documentation of a two-step TB test.</p> <p>If a valid two step has been done greater than one year ago and documented on this form a recent one step TST is sufficient.</p> <p>*Do not give live vaccine (MMR or Varicella) with step 1 of 2 step TB test</p>	<p>Step 1. Date given: _____ Induration (mm): _____ Date read: _____ Interpretation: _____</p> <p>Step 2. Date given: _____ Induration (mm): _____ Date read: _____ Interpretation: _____</p>	<p>Date given: _____ Induration (mm): _____ Date read: _____ Interpretation: _____</p>

If TB testing is positive or student has had a previous positive TB test:

Date of Positive TB test: _____ Induration in mm: _____

History of BCG Vaccine? Yes No Date: _____

Chest x-ray is required:

Date of chest x-ray: _____ Results: _____

If chest x-ray is abnormal 3 sputum samples are required:

Sample #1 Date: _____ Smear Result: _____ Culture Result: _____

Sample #2 Date: _____ Smear Result: _____ Culture Result: _____

Sample #2 Date: _____ Smear Result: _____ Culture Result: _____

Measles Mumps and Rubella

- Proof of two MMR (Measles, Mumps & Rubella) vaccines (not one MMR and one Measles) or
- blood test indicating immunity **attach laboratory results** showing immune status
- blood work results are not necessary if vaccine record includes two **MMR** vaccines.
- MMR vaccines must be given 4 weeks apart or 6 weeks apart if two Varicella vaccines are required and given at the same time.

MMR #1: _____
(date)

MMR #2: _____
(date)

OR

Titre Results: _____

Date of Titre: _____

Name: _____

Date: _____

<p>Tetanus, Diphtheria, and Pertussis Vaccine</p> <p style="text-align: center;">*Booster required if last Tdap was before age 18*</p> <p>According to the Ontario Hospital Association: "All adult (18 and older) health care workers, regardless of age, should receive a single dose of tetanus diphtheria acellular pertussis (Tdap/Adacel/Boostrix) for pertussis protection if not previously received in adulthood. The adult dose is in addition to the routine adolescent booster dose... The interval between the last tetanus-diphtheria booster and the Tdap vaccine does not matter".</p>	<p>Last Tdap/Adacel/Boostrix:</p> <p>_____ (date) _____ (age)</p> <p><input type="checkbox"/> Tdap <input type="checkbox"/> Adacel <input type="checkbox"/> Boostrix</p> <p style="text-align: center;">(please check one)</p>
<p>Varicella (Chicken Pox)</p> <p>You will need ONE of the following:</p> <ul style="list-style-type: none"> • Proof of two doses of the Varicella vaccine minimum 6 weeks apart <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Blood work results indicating immunity (please include copy of lab results) 	<p>Varivax #1: _____ (date)</p> <p>Varivax #2: _____ (date)</p> <p style="text-align: center;">OR</p> <p>Titre Results: _____</p> <p>Date of Titre: _____</p>
<p>Hepatitis B</p> <p><u>Hepatitis B Immunity is required for the following programs:</u> BScN, Practical Nursing, Personal Support Worker, Community and Justice Services, Dental Hygiene, Mental Health and Addiction Worker and Respiratory Therapy, Physiotherapist Assistant and Occupational Therapist Assistant.</p> <p>You will need proof of the two dose or three dose series of Hepatitis B vaccine. Blood work confirming immunity is also required at least one month after the last dose of Hepatitis B vaccine. Two Hepatitis vaccines (Engerix B, Twinrix, or Recombivax) are required before a student can be cleared for placement.</p> <p>*NOTE: Any student who has a hospital placement should have Hepatitis vaccination and proof of immunity.</p>	<p>Hepatitis B #1: _____ (date)</p> <p>Hepatitis B #2: _____ (date)</p> <p>Hepatitis B #3: _____ (date if three dose series)</p> <p>Titre Results: _____</p> <p>Date of Titre: _____</p> <p>Booster if required: _____ (date)</p> <p style="text-align: right;">(please include copy of lab results)</p>

TO BE FILLED OUT BY A HEALTH CARE PROVIDER:

Consent:

I, _____ (name of student),

consent to release my immunization status to my program

placement coordinator if required.

Signature: _____

Date: _____

Completed by: _____

Signature: _____

Date: _____

Address and telephone or office stamp:
