

**Please read through this entire package very carefully prior to seeing your Physician/Nurse Practitioner.**

**September 2012**

**Dear Incoming Paramedic Student:**

You are enrolled in a program where the completion of an **Entry Immunization Record & Communicable Disease Declaration forms (attached) are mandatory**. These standards were developed by the Ministry of Health and Long-Term Care and implemented by the Emergency Health Services Branch. Paramedic students must be free from and protected against communicable and infectious diseases while at field placement. Fleming College has a responsibility for ensuring that each student complies with these standards.

It is advised that you get an appointment with your Physician/Nurse Practitioner, as soon as possible to ensure you are able to get the required documentation, vaccinations and blood tests (copy of blood results required) in by the **August 31, 2012** submission deadline. Failing to do so, will jeopardize your ability to attend placement. If you are unable to find dates of Tetanus and Polio vaccinations, contact your local Public Health Unit where you last attended school or family physician. To locate an Ontario Public Health Unit nearest you, visit the website:

**[http://www.health.gov.on.ca/english/public/contact/phu/phuloc\\_mn.html](http://www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html)**

Once your form has been received in Health Services and all mandatory requirements have been met, the form will be stamped "complete" and sent along with any supporting documentation to your School Office Designate(s). **Do NOT submit your form until all required sections are complete.**

If you require another Entry Immunization Record Form, please visit the Health Services' website:

**<http://www.flemingc.on.ca/health>**

**Flu Shots:**

A Flu Shot **is required** for your program. The flu vaccine is not available until October/November. Flu vaccine clinics are offered by local Public Health agencies at locations in the community. Be sure to retain a copy of this documentation to show to your placement agency.

**Communicable Disease Declaration:** Completion of the Communicable Disease Declaration is required in compliance with the Ambulance Services Communicable Disease Standards. Some placement agencies may ask you to complete another declaration form depending upon the immunization requirements for that agency. **Important: The declaration must be signed by you in the presence of a Physician or Nurse Practitioner.**

Please mail or fax all completed forms to the address listed below. Feel free to call or email us if you have any questions in completing this process.

Thank you.

**Leslie Gifford, RN BN**

Fleming College

Sutherland Campus, Health Services

599 Brealey Drive, Peterborough, ON K9J 7B1

Phone: Toll-free 1-866-353-6464, ext. 1557 or direct 705-749-5557

Email: [legiffor@flemingc.on.ca](mailto:legiffor@flemingc.on.ca)

## ENTRY IMMUNIZATION RECORD Paramedic Students

**COMPLETED FORM MUST BE SUBMITTED BY: August 31, 2012**

Do **NOT** submit your form until **all required sections** are complete.

PLEASE PRINT

Last Name: \_\_\_\_\_ Given Names: \_\_\_\_\_ Program: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Student #: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Admission Date (mm/yyyy): \_\_\_\_\_ Phone #: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

### Note to Physician/Nurse Practitioner

Thank you for your cooperation in completing this immunization form. These requirements were developed by the Ministry of Health and Long-Term Care and implemented by the Emergency Health Services Branch. Failure to complete the form and provide documentation of the required serology results **will** prevent the above named student from attending placement.

#### Tuberculosis Screening

A two-step Mantoux Skin Test is **mandatory** (although not part of your childhood vaccination series). Step two must be administered 7 to 28 days after step 1. Results must be measured in mm. If a two-step Mantoux Test has been administered previously, students are not required to repeat the two-step testing.

Date: Step #1 (dd/mm/yyyy)	Date Read: (dd/mm/yyyy)	Results in mm:
Date: Step #2 (dd/mm/yyyy) (7 – 28 days apart)	Date Read: (dd/mm/yyyy)	Results in mm:
If Mantoux Test is Positive: Chest x-ray required	Result (attach copy):	
Date of x-ray: (dd/mm/yyyy)		
Did the student receive prophylactic treatment (INH?) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the student had a BCG vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any current signs and symptoms of active TB? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**An Annual One-Step Mantoux Test is required** if the dates of their previous two-step were greater than 12 months.

#### Annual One-Step

Date: (dd/mm/yyyy)	Date Read: (dd/mm/yyyy)	Results in mm:
--------------------	-------------------------	----------------

#### Red Measles, Mumps, Rubella (German Measles) – MMR

Serology (bloodwork) **done within the past six months**, to verify immunity is required (**attach a copy of results**). **Please ensure that blood test covers measles, mumps and rubella**. If serology results indicate non-immunity or indeterminate result, documentation of an MMR booster is required.

Measles Titre Date: (dd/mm/yyyy)	Result:
Mumps Titre Date: (dd/mm/yyyy)	Result:
Rubella Titre Date: (dd/mm/yyyy)	Result:
MMR Booster Date: (dd/mm/yyyy)	Required if non-immune to measles, mumps or rubella

### Varicella (Chicken Pox or Shingles)

Serology (bloodwork) **done within the past six months**, to verify immunity is required (**attach a copy of results**). If serology results are negative, documentation of vaccination (two doses) is required.

Varicella Titre: (dd/mm/yyyy)	Result:
Dose # 1: (dd/mm/yyyy)	*Required if not immune to varicella
Dose # 2: (dd/mm/yyyy)	

### Primary Series of Diphtheria/Tetanus/Acellular Pertussis/Polio (DTaP – IPV)

Documentation of completed primary series is required. Tetanus and Polio boosters must have been received within the last 10 years. Records of childhood vaccinations can be obtained by calling the local Public Health Unit where you last attended school or family physician. To locate an Ontario Public Health Unit nearest you, visit the website:

[http://www.health.gov.on.ca/english/public/contact/phy/phuloc\\_mn.htm](http://www.health.gov.on.ca/english/public/contact/phy/phuloc_mn.htm)

Dose # 1: (dd/mm/yyyy)
Dose # 2: (dd/mm/yyyy)
Dose # 3: (dd/mm/yyyy)
Dose # 4: (dd/mm/yyyy)
Dose # 5: (dd/mm/yyyy)
<b>Most Recent Td Booster or Tdap: (dd/mm/yyyy)</b> <b>Required every 10 years.</b>
<b>Polio: (dd/mm/yyyy)</b> <b>Required every 10 years</b> <b>per Ambulance Standards' Act.</b>

### Hepatitis B

Serology (bloodwork) **done within the past six months**, to verify immunity is required (**attach a copy of results**). If serology results show less than 10 iu/ml, a booster dose is required.

<b>Hepatitis B Titre (HbsAb)</b>	Date of bloodwork: (dd/mm/yyyy)	Result:	<b>Attach copy of results.</b>
<b>Hepatitis B Booster dose, if required</b>	Date: (dd/mm/yyyy)		
<b>Repeat Hepatitis B Antibodies</b> Can be done 1 month after final vaccination.	Date of bloodwork: (dd/mm/yyyy)	Result:	<b>Attach copy of results.</b>

### RELEASE OF INFORMATION

The information on the Entry Immunization Record is confidential. The majority of placement agencies require this information, in order to ensure that students are free from and protected against communicable diseases. Fleming College has responsibility for ensuring that each student complies with these guidelines. By signing the Entry Immunization Form and Communicable Disease Declaration, you will be giving Fleming College Health Services' Department permission to release these forms and any supporting documentation to your School Office Designate(s). They may share this information with a placement agency for purposes of assisting you in securing your placement. This form **will not** be retained by Health Services, so be sure to **retain a copy for your own personal records**, as you may be required to submit it to your placement agency. **Failure to complete this form and provide the required documentation will prevent you from obtaining a placement due to the strict regulations of certain agencies.**

Signature of Student:	Date:
-----------------------	-------

## COMMUNICABLE DISEASE DECLARATION

**This declaration must be signed by you in the presence of a Physician or Nurse Practitioner.** By signing below, the student in the Paramedic program at Fleming College declares that, at this time, they are not under the care of a healthcare provider or being treated for any of the diseases listed in Table 1 - Part B of the Ambulance Service Communicable Disease Standards (see below) and is thus in compliance with these requirements.

- Acquired Immunodeficiency Syndrome (AIDS)
- Amebiasis
- Anthrax
- Botulism
- Campylobacter enteritis
- Chicken Pox (Varicella)
- Cholera
- Cytomegalovirus Infection (Congenital)
- Diphtheria
- Encephalitis (Primary Viral)
- Gastroenteritis
- Giardiasis
- Group A Streptococcal Disease (Invasive)
- Haemophilus Influenza B Disease (Invasive)
- Hemorrhagic Fevers including Ebola virus disease, Marburg Virus Disease, and Other Viral Causes
- Viral Hepatitis including Hepatitis A, B, and C
- Influenza
- Lassa Fever
- Legionellosis
- Leprosy
- Listeriosis

- Malaria
- Measles
- Viral Meningitis
- Meningococcal Meningitis
- Mumps
- Ophthalmia Neonatorum
- Paratyphoid Fever
- Pertussis (Whooping Cough)
- Plague
- Poliomyelitis (Acute)
- Psittacosis / Ornithosis
- Q Fever
- Rabies
- Rubella
- Rubella (Congenital Syndrome)
- Salmonellosis
- Shigellosis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Verotoxin producing E. Coli Infections
- Yellow Fever
- Yersiniosis

Student Name (please print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(must be signed in the presence of Physician or Nurse Practitioner)**

Witness Name (please print): \_\_\_\_\_  
**(must be Physician or Nurse Practitioner)**

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_