

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

September 2012

Dear Incoming Student:

You are enrolled in a program where the completion of an **Entry Immunization Record (attached) is mandatory**. The majority of placement agencies require this information in order to ensure that students working out on placement are free from and protected against communicable and infectious diseases. Fleming College has a responsibility for ensuring that each student complies with these guidelines.

Appointments for bloodwork, TB testing and any other vaccines required should be arranged with your Physician/Nurse Practitioner, as soon as possible.

If you are a student who may be doing a placement in a healthcare setting, new OHA/OMA guidelines state that **“all healthcare workers who have not previously received an adolescent or adult does of Tdap (tetanus, diphtheria, acellular pertussis) must be offered it.”** It is your responsibility to check which vaccine you received and followup with your Physician/Nurse Practitioner accordingly. If you require clarification, please call Fleming Health Services 705-749-5504/5557. If you are unable to find dates of your vaccinations, contact your local Public Health Unit where you last attended school or family physician.

A flu shot **may** be mandatory for pre-placement at many community agencies. The flu vaccine is not available until October/November. Flu vaccine clinics are offered by local Public Health agencies at locations in the community during this time.

Once your form along with copies of bloodwork results have been received by Health Services and all mandatory requirements have been met, your form will be stamped “complete” and sent to your School Office Designate(s). **Do NOT submit your form until all required sections are complete.**

Students who do not participate in immunizations due to medical contraindication(s) are still required to complete the Entry Immunization Record along with a Refusal Declaration Form and supporting evidence signed by your healthcare provider. We strongly encourage these students to discuss their immunization status with their Program Coordinator, as obtaining a placement may not be possible due to strict regulations of certain agencies.

If you require another Entry Immunization Record Form, please visit the Health Services' website:
<http://www.flemingc.on.ca/health>

The deadline date to submit the Entry Immunization Record is: August 31, 2012. Failing to do so, may jeopardize your ability to attend placement.

Please mail or fax the completed form to the appropriate campus listed below. Students enrolled in the **Social Service Worker Program** at the **Frost Campus** will mail/fax the form directly to the Frost Campus (below).

Feel free to call or email us if you have any questions regarding 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, Fax: 705-749-5532
Email: legiffor@flemingc.on.ca

Betty McNeely, RN BHSN
Fleming College
Frost Campus Health Services
Box 8000, Lindsay, ON K9V 5E6
Phone: Toll-free 1-866-353-6464, ext. 3304
or direct 705-878-9304, Fax: 705-878-9316
Email: bmcneely@flemingc.on.ca

ENTRY IMMUNIZATION RECORD

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 to reflect the varying immunization needs of community agencies where our students will be attending placement. Failure to complete the form and provide documentation of the required serology results may 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		
Date of x-ray: (dd/mm/yyyy)	Result (attach copy):	
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		

Students who will be completing their placement within a healthcare setting will require an Annual One-Step Mantoux Test 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:
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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 booster (Td or Tdap) must have been received within the last 10 years. **Students attending placement within a healthcare setting should be offered a “Tdap” booster, as per new OHA/OMA guidelines.** Record 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

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)
Td Booster: (dd/mm/yyyy) OR Tdap Booster: (dd/mm/yyyy) (healthcare students)
Nursing & Personal Support Worker students – if primary series dates do not include Polio, a Polio (IPV) booster is required. Date: (dd/mm/yyyy)

Hepatitis B

Documentation of Hepatitis B vaccination and serology (bloodwork) results to verify immunity (**attach a copy of results**) is **required for students in Nursing & Personal Support Worker Programs**. If serology results show less than 10 iu/ml, a booster dose is required. For all other programs, Hepatitis B vaccinations are not mandatory, but strongly recommended.

Hepatitis B Vaccine	Dose # 1: (dd/mm/yyyy)	Dose # 2: (dd/mm/yyyy)	Dose # 3: (dd/mm/yyyy)
Hepatitis B Titre (HbsAb)	Date of bloodwork: (dd/mm/yyyy)	Result:	Attach copy of results.
Booster Dose, if required	Date: (dd/mm/yyyy)		

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, you will be giving Fleming College Health Services' Department permission to release this form 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 may prevent you from obtaining a placement due to the strict regulations of certain agencies.**

Signature of Student:	Date:
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