Students entering any of the following programs at St. Lawrence College are required to provide proof of immunization. For all students the absence of documentation may result in the student being ineligible for clinical/practical/laboratory participation.

<table>
<thead>
<tr>
<th>Autism and Behavioural Science</th>
<th>Child and Youth Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural Science Program</td>
<td>Early Childhood Education</td>
</tr>
<tr>
<td>BA Behavioural Psychology</td>
<td>Mental Wellness and Addictions Worker</td>
</tr>
</tbody>
</table>

**Steps to follow – Please read carefully**

1. Read thoroughly the entire form so you understand what is required to complete this form.

2. Do not wait to start this process. Bloodwork and immunizations can take a number of appointments.

3. Obtain **immunization records** from one of these sources:
   a. Local Public Health Unit – this is the easiest and most reliable form
   b. Yellow Immunization card
   c. Contact your family doctor

   If you are unable to obtain records, contact your campus designee as noted below

4. Book an appointment with your health care provider for **bloodwork** and any missing immunizations.

5. Follow-up with your health care provider regarding bloodwork results to check if you need boosters.

6. Attach copies of immunization records and bloodwork results.

7. Submit completed Immunization-Communicable Disease Form to your designated St. Lawrence College Campus * one month before the start of first semester.

It is important to fill this form out correctly and completely, please email us with any questions at Immunizations@sl.on.ca

Where the following records do not exist, are incomplete, or are not comparable to Canadian immunization standards the student will be required to complete an adult catch-up vaccine series as defined by the Public Health Agency of Canada. Any costs associated with the completion of these forms are the responsibility of the student.

*Designated St. Lawrence College Campus*

St. Lawrence College
Bonnie MacLeod
2288 Parkedale Avenue
Brockville, Ontario K6V 5X3
T: (613) 345-0660 Ext. 3212
F: (613) 345-0124

St. Lawrence College
Student Placement Facilitator
2 St. Lawrence Drive
Cornwall, Ontario K6H 4Z1
T: (613) 933-6080
Ext. 2377 / 2378
F: (613) 937-1523

St. Lawrence College
Campus Health Centre
100 Portsmouth Avenue
Kingston, Ontario K7L 5A6
T: (613) 544-5400 Ext. 1136
F: (613) 545-3931

St. Lawrence College is committed to making our resources usable by all people, whatever their abilities or disabilities. This information will be made available in alternative format upon request.
**St. Lawrence College Immunization - Communicable Disease Form**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth (m/d/y):</td>
<td>Health Card Number:</td>
</tr>
<tr>
<td>Local Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Apt and Street</td>
<td>Province:</td>
</tr>
<tr>
<td>Postal Code:</td>
<td>Cell Phone #:</td>
</tr>
<tr>
<td>Program:</td>
<td>Student Number:</td>
</tr>
</tbody>
</table>

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**Student Consent for Release of Information**

I understand and agree that my immunization record will be recorded in the Campus Health Centre Electronic Medical Records system and only accessible to Campus Health Centre Personnel.

Signature: __________________________ Date (m/d/y): __________________________

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**Measles, Mumps, Rubella Vaccine (MMR)**

Documentation of 2 MMR is required. If one vaccine was measles only, an MMR booster is required.

If no records available, blood work to determine immunity to measles, mumps, and rubella is required.

1. Copy of records attached (Mandatory) □ Dose #1 Date (m/d/y): __________ Dose #2 Date (m/d/y): __________

   OR

2. Copy of lab results attached (Mandatory) □ Date drawn: ______________

   Results: Measles: □ Reactive □ Non-Reactive or Indeterminate
   
   Mumps: □ Reactive □ Non-Reactive or Indeterminate
   
   Rubella: □ Reactive □ Non-Reactive or Indeterminate

If you are not immune, a booster is required: MMR Booster Date (m/d/y): ______________

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**Varicella Vaccine**

Documentation of 2 varicella vaccines are required. Those who received only one dose of varicella vaccine should be given a second dose. If no records available, bloodwork to determine immunity to varicella is required.

1. Copy of records attached (Mandatory) □ Dose #1 Date (m/d/y): __________ Dose #2 Date (m/d/y): __________

   OR

2. Copy of lab results attached (Mandatory) □ Date drawn: ______________

   Results: □ Reactive □ Non-Reactive or Indeterminate

If you are not immune, 2 doses are required: Dose #1 Date (m/d/y): __________ Dose #2 Date (m/d/y): __________
**Tetanus/Diphtheria/Pertussis Vaccine**

Documented proof of a primary series is required OR an adult catch-up series is required. A single dose of Pertussis is required for all adults.

1. Do you have documented proof of completed primary series?
   - □ YES  □ COPY OF RECORD ATTACHED (MANDATORY)
   - or  □ NO        If no records of any vaccines, an adult primary series is required (see below)

2. Last tetanus diphtheria vaccine must be within **10 years**

   Date (m/d/y): _______________ Type of vaccine given _____________  □ COPY OF RECORD ATTACHED (MANDATORY)

   **Adult catch-up series** 1st dose (Adacel or Boostrix) Date (m/d/y): _______________

   2nd dose (Td – 2 months after 1st visit) Date (m/d/y): _______________

   3rd dose (Td – 6-12 months after 2nd visit) Date (m/d/y): _______________

**Hepatitis B Vaccine**

Initial Vaccination series (2 or 3 dose series)

Dose #1: Date (m/d/y): _______________

Dose #2: Date (m/d/y): _______________

Dose #3: Date (m/d/y): _______________

**Attesting Signature of Health Care Professional (HCP)**

Name: ____________________________ Stamp: ____________________________

Signature: ____________________________

St. Lawrence College maintains compliance with all privacy requirement; including the Freedom of Information and Protection of Privacy Act (FIPPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the Personal Health Information Privacy Act (PHIPA). The Privacy Commissioner of Ontario can be reached at 1800-387-0037.