

## St. Lawrence College Immunization - Communicable Disease Form

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.

<ul style="list-style-type: none"><li>• Communicative Disorders Assistant</li><li>• Therapeutic Recreation</li></ul>	<ul style="list-style-type: none"><li>• Community and Justice Services</li><li>• Social Services Worker</li></ul>
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### 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 doctorIf 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. Most students will require TB skin testing.
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](mailto: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

Last Name:		First Name:	
Date of Birth (m/d/y):		Health Card Number:	
Local Address: Apt and Street		City:	Province:
Postal Code:		Cell Phone #:	
Program:		Student Number:	

**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): \_\_\_\_\_

**Tuberculosis – Tuberculin Skin Test (TST)**

TB test	Date given m / d / y	Date read m / d / y 48-72hrs later	Result: mm Induration	HCP initials
Step 1				
Step 2 (1-3 wks later)				
Annual 1-step (if required)				

**A 2-step TST is required regardless of BCG vaccination.**

A 2-step TST is required once in a lifetime.

If a 2-step TST was completed previously and documentation can be provided, a 1-step TST can be completed annually. The 2-step TST should be 1-3 weeks apart with each test read within 48-72 hours. A 1-step TST is required if it has been more than 12 months since the 2-step TST.

A 10 mm or more induration is positive. If either TST is positive, a copy of completed chest x-ray report (within the last 12 months) must be attached to this form.

**Chest x-ray:** Required only if TST is equal or > 10mm

Copy of positive TST       Document attached (**Mandatory**)

Copy of chest x-ray       Report attached (**Mandatory**)

If you have **documented** history of a previous **positive** TST, a TST is **not required**. Instead, a chest x-ray is required within the last 12 months and must be attached to this form.

**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): \_\_\_\_\_

**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): \_\_\_\_\_

**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** 1<sup>st</sup> dose (Adacel or Boostrix) Date (m/d/y): \_\_\_\_\_

2<sup>nd</sup> dose (Td – 2 months after 1<sup>st</sup> visit) Date (m/d/y): \_\_\_\_\_

3<sup>rd</sup> dose (Td – 6-12 months after 2<sup>nd</sup> visit) Date (m/d/y): \_\_\_\_\_

**Hepatitis B Vaccine**

Students who are non-reactive to hepatitis B despite completing the initial vaccine series are required to have a booster dose and repeat bloodwork to confirm immunity.

If a student continues to be non-reactive, the student will need to complete a second hepatitis B vaccine series.

Unimmunized adults require a 3 dose series. Schedule: 0 month, 1 month, and 6 months

Initial Vaccination series (2 or 3 dose series)

*If required: Repeat* Hepatitis B vaccination series

Dose #1: Date (m/d/y): \_\_\_\_\_

Dose #1: Date (m/d/y): \_\_\_\_\_

Dose #2: Date (m/d/y): \_\_\_\_\_

Dose #2: Date (m/d/y): \_\_\_\_\_

Dose #3: Date (m/d/y): \_\_\_\_\_

Dose #3: Date (m/d/y): \_\_\_\_\_

**Hepatitis B immunity** (at least 30 days after last dose)

**Repeat Hepatitis B immunity** (at least 30 days after last dose)

Copy of lab results attached (**Mandatory**)

Copy of lab results attached (**Mandatory**)

Date drawn: \_\_\_\_\_

Date drawn: \_\_\_\_\_

Results:  Reactive  Non-Reactive

Results:  Reactive  Non-Reactive

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

Name: \_\_\_\_\_

Stamp:

Signature: \_\_\_\_\_