



## Faculty of Health Sciences – Entry Immunization Form (EIF) for Students

### STUDENT INFORMATION

Student Number: \_\_\_\_\_

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

Ontario Tech email: \_\_\_\_\_@ontariotechu.net

Program/Year: \_\_\_\_\_

### NOTE TO THE HEALTHCARE PROVIDER (HCP)

If you have documented on these forms, please complete the section below and stamp. A name and signature **MUST** be provided. Please print clearly.

Healthcare Provider printed name and designation:	
Signature:	
Date (dd-mm-yyyy):	
Phone number:	

Please place a clinic stamp or write the clinic address with postal code and phone number in the box below:

Any questions regarding this form can be directed to: [Nursingprogram@ontariotechu.ca](mailto:Nursingprogram@ontariotechu.ca) Personal information on this form is collected under the authority of The University of Ontario Institute of Technology Act, SO 2002, c 8, Sch O and will be collected, protected, used, disclosed and retained in compliance with Ontario's Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31. This information will be used by the University and may be disclosed to placement agencies at which the student completes their clinical training, for the sole purpose of administering clinical practice placements for Ontario Tech University Students. Questions regarding the collection and use of your personal information may be directed to Ontario Tech's Chief Privacy Officer, 2000 Simcoe Street North, Oshawa, ON L1H 7K4, 905.721.8668, ext. 6704, email: [accessandprivacy@ontariotechu.ca](mailto:accessandprivacy@ontariotechu.ca)

### A NOTE ABOUT ACCOMMODATION

Should you require accommodation for your practicum due to a disability or a medical condition, please contact [Student Accessibility Services](#) to book an appointment in advance of your practicum. (We recommend at least 1 term before). Please be advised that SAS will require documentation from a registered health care professional, such as a physician or psychologist, with clear identification of the impact of any functional limitations on the academic and practicum environment. Once received, the Nursing Program Office will need time to negotiate the required accommodation(s) with the respective practicum partner. It is the student's responsibility to ensure any required accommodation(s) are in place PRIOR to the start of practicum. Failure to do so may result in the delay of the student's practicum start and potentially jeopardize the student's ability to successfully meet the competencies of the respective course.

### TETANUS, DIPHTHERIA, PERTUSSIS, POLIO

Tetanus, Diphtheria & Pertussis (Tdap) Primary Series	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of most recent Tetanus vaccination (dd-mm-yyyy) required every 10 years.	
Date of Polio vaccination (dd-mm-yyyy)	

### MEASLES, MUMPS, RUBELLA, VARICELLA

Please Note: **Laboratory evidence is required to document immunity for the section below.**

#### Measles/Mumps/Rubella vaccination dates

Immunization	Date Given (dd-mm-yyyy)
MMR Dose #1	
MMR Dose #2	
MMR Booster to be given if not immune after initial two doses.	

#### Measles/Mumps/Rubella **Immunity status (Booster dose must be administered if inadequate immunity)**

Immunization	Date (dd-mm-yyyy)	Results
Measles		<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Non-reactive
Mumps		<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Non-reactive
Rubella		<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Non-reactive

Please choose **1. Vaccinations dates** OR **2. Serology showing immunity.**

**1. Varicella Vaccination dates**

Immunization	Date Given (dd-mm-yyyy)
Varicella Dose # 1	
Varicella Dose # 2	

\*Second dose must be at least 4 weeks after first dose

**2. Serology/Lab evidence of Immunity. Required only if the above primary series is not available.**

Immunization	Date	Serology result
Varicella		<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Non-reactive

**INFLUENZA VACCINE**

**Please Note:** While not mandatory, the program *strongly recommends* students receive the annual influenza vaccine once it becomes available. Should there be an influenza outbreak in your assigned practicum setting, you may be prohibited from attending if you are not vaccinated, thus jeopardizing successful completion of the respective course. If the vaccine is not available at the time you complete this form, you may submit your proof of vaccination at the time it is given.

Vaccination	Vaccine Received	Date Received (dd-mm-yyyy)
Influenza Vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**COVID VACCINE**

Students are required to be fully vaccinated for practicum. The new vaccine is a one dose series. If you have received the new vaccine as of October 2024 then that information can be indicated below. If you already had previous vaccinations, they would be sufficient and can be documented below. **Please note:** some sites may require boosters. (Only COVID vaccines that are approved by [Health Canada](https://www.canada.ca) will be accepted.)

Immunization	Date Given (dd-mm-yyyy)	Brand Name of Vaccine
1 <sup>st</sup> Dose		
2 <sup>nd</sup> Dose		
Booster - Dose 3 if applicable		
Booster – Dose 4 if applicable		

**Please note:** if you are unable to receive the vaccine due to medical direction, please indicate below and contact Student Accessibility Services. Some placement sites may

consider medical accommodations. Students will be required to have supporting medical documentation and follow any policies and procedures of the respective practicum facility.

I am unable to receive the COVID vaccine due to medical direction.

Accommodation will be considered on a semester-by-semester basis. Students must re-submit a request each semester for continued accommodation with SAS even if interim accommodations have been put in place with SAS.

## HEPATITS B

**Please Note:** Laboratory evidence is required to document immunity for the section below.

### Hepatitis B initial series vaccination dates.

Immunization	Date Given (dd-mm-yyyy)
Dose #1	
Dose #2	
Dose #3	

### Immunity Status after first series

Immunization	Date Given (dd-mm-yyyy)	Result
Hepatitis B Titre		<input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune

**If serology testing shows inadequate immunity after the initial vaccinations, a booster series can be initiated as directed by the HCP.**

Immunization	Date Given (dd-mm-yyyy)
2 <sup>nd</sup> Series Dose #1	
2 <sup>nd</sup> Series Dose #2	
2 <sup>nd</sup> Series Dose #3	

## TUBERCULOSIS (TB) SURVEILLANCE

**Please note:** If you have had a positive skin test in the past, **DO NOT** repeat TB skin testing and go directly to Section 3.

### SECTION 1 – BASELINE 2-STEP TUBERCULOSIS (TB) SKIN TEST (MANTOUX)

#### Baseline

- A 2-step TB skin test is required of all students. The 2<sup>nd</sup> step is given 7-21 days after the 1<sup>st</sup> step. (TB skin tests are valid for 1 year)
- TB testing is mandatory regardless of BCG history.
- Each TB skin test is to be read 48-72 hours after planting.
- If you have previously completed a 2-step TB skin test, you will only be required to complete a 1-step test for this academic year. However, you must still provide the dates of your **previous** 2-step baseline test below.

2-Step <b>Baseline</b>	Date Given dd-mm-yyyy	Date read	Induration	HCP signature
Step 1				
Step 2				

**1-Step information if the previous 2-step was completed.**

Step	Date Given dd-mm-yyyy	Date Read	Induration	HCP signature
Step 1				

**SECTION 2 – POSITIVE FOR TB (RESULT FROM ABOVE TESTING)**

If the above skin test is **positive for TB, a chest x-ray MUST be performed**, and the below section completed by the HCP.

Date of chest x-ray (dd/mm/yyyy)				
Signs and symptoms of active TB	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Healthcare provider signature				

**SECTION 3 – KNOWN POSITIVE FOR TB (PAST HISTORY)**

If you have previously tested positive for TB, students MUST complete a **chest x-ray at the start of their program** and submit annual documentation from their HCP indicating no signs or symptoms of active TB every year thereafter. **This will be required every year of the program.**

Most recent chest x-ray (dd/mm/yyyy)				
2025 Assessment by HCP (dd/mm/yyyy)				
Signs and symptoms of active TB	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Healthcare provider signature				

**NOTE TO STUDENT AND HEALTHCARE PROVIDER (HCP)**

This document is a pre-requisite for all students entering a healthcare practicum setting that has communicable disease surveillance protocols in place. The information required follows the standards outlined in the Ontario Hospitals Association and Canadian Immunization Guide.

Completion of this form ensures the safety of our students during their program as well as fulfilling the program's legal obligations with practicum partners.

1. Immunization compliance is **mandatory**.

2. Healthcare agencies utilized by the program have the right to refuse access to students who do not meet these immunization and testing requirements, and any additional requirements.
3. Failure to submit a fully completed immunization form signed by the **documenting health care provider** by the stated deadline will result in withdrawal from the practicum courses.  
**\*\* These forms are to be completed by a Registered HCP, NOT by the student.**

Students are responsible for keeping all approved pre-practicum requirements in a safe, accessible place. Practicum partners have the right to ask for proof of pre-practicum requirements being met at any time and students must be able to provide this upon request.