

Return fully completed and signed form to Health Services, HM08-2055 Notre Dame Ave, Winnipeg, MB, R3H 0J9
 Form will be reviewed and entered into an electronic database. **If you wish this form returned, please include a self addressed stamped envelope.**
 Students may call 204-632-2238, or preferably visit Health Services to clarify any concerns.

Name: Last _____ First _____ Student Number _____ Date of Birth (MM/DD/YYYY) _____

Print clearly

| | |
|---------------|---|
| Program _____ | Continuing Education Department? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---------------|---|

Read Student Acknowledgements and Expectations on the Reverse of this form.
I Declare I have read and will comply with the Acknowledgements and Expectations outlined on the reverse of this form.

Signature _____ Date MM/DD/YYYY _____

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|---|--|----------------------------------|---------------------------------|--------------------------------------|---------------------------------|--------------------------------------|--------------------------------|--------------------------|------|---------------------------------|--------------------------------------|----------------------------------|--------------------------|------|---------------------------------|--------------------------------------|----------------------|
| Initial MMR (2) | (If 1 or no documented MMRs requires Serology or 2 MMRs) | MMR Booster date:(s) | | | | | | | | | | | | | | | |
| Known Date:(s) | <table border="1" style="width:100%"> <tr> <td>Measles <input type="checkbox"/></td> <td>Antibody titre test done</td> <td>Date</td> <td>Immune <input type="checkbox"/></td> <td>Susceptible <input type="checkbox"/></td> </tr> <tr> <td>Mumps <input type="checkbox"/></td> <td>Antibody titre test done</td> <td>Date</td> <td>Immune <input type="checkbox"/></td> <td>Susceptible <input type="checkbox"/></td> </tr> <tr> <td>Rubella <input type="checkbox"/></td> <td>Antibody titre test done</td> <td>Date</td> <td>Immune <input type="checkbox"/></td> <td>Susceptible <input type="checkbox"/></td> </tr> </table> | Measles <input type="checkbox"/> | Antibody titre test done | Date | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | Mumps <input type="checkbox"/> | Antibody titre test done | Date | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | Rubella <input type="checkbox"/> | Antibody titre test done | Date | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | 1. _____ 2. _____ |
| Measles <input type="checkbox"/> | Antibody titre test done | Date | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | | | | | | | | | | | | | |
| Mumps <input type="checkbox"/> | Antibody titre test done | Date | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | | | | | | | | | | | | | |
| Rubella <input type="checkbox"/> | Antibody titre test done | Date | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | | | | | | | | | | | | | |
| Any of the above titres indicating susceptible: requires MMR Booster(s) | | | | | | | | | | | | | | | | | |

| | | | | |
|--|---|---------------------------------|--------------------------------------|------------------------------|
| Varicella(Chickenpox) | Antibody Titre | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | Varicella Vaccine (2) |
| Hx of Infection? | Date: _____ | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | 1. _____ 2. _____ |
| Yes <input type="checkbox"/> No further action | If titre result susceptible: requires 2 doses of vaccine | | | |

| | | | | | |
|--|------------------------------------|---|--|---|---|
| Hepatitis B Series 0,1,6 mnths, Rapid 0,7,21 dys, Short 0,1, 2-3 mnth | Indicate all Dates: MM/DD/YY | * Antibody to Surface Antigen Serology Test (No sooner than 4 weeks after last dose) | Post booster Serology * Retest | Hep B 2 nd series Dates:(booster and 2 more doses) | Serology * Retest (4 weeks after last dose) |
| If unknown or no documentation, give vaccine. | 1. | Post series | Date: _____ | 1. _____ | Date: _____ |
| HCA Program rapid or short sched is acceptable titre in 4-8wks | 2. | Date: Immune <input type="checkbox"/> | Booster Date: Immune <input type="checkbox"/> | 2. _____ | Immune <input type="checkbox"/> |
| For information:rapid sched series should include booster in 1 yr irrespective of post initial series titre result | 3. | Susceptible <input type="checkbox"/> Short sched may retitre in 4wks then assess for booster | Susceptible <input type="checkbox"/> Complete 2nd series | | Susceptible <input type="checkbox"/> No further boosters after 2nd series completed |

| | | | | | |
|--|---------------------------------------|-----------------------------|--|------------------------------|--|
| Tuberculosis | | | | | |
| History of BCG | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Previous Positive Mantoux (see*) | Yes <input type="checkbox"/> | |
| Mantoux Test | Step 1 Date: _____ Result in mm _____ | | Step 2: Date: _____ Result in mm _____ | | |
| * For positive Mantoux : Recent Chest xray required Date: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Referred | | | | | |
| (No further Mantoux tests) | | | | | |
| Safe to attend health facility practicum? <input type="checkbox"/> Yes <input type="checkbox"/> No Only after medical clearance | | | | | |

Note: Documented results of the required annual Mantoux test is to be submitted separately.

| | |
|-----------------|--|
| Polio ** | |
| Primary Series | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | Unknown <input type="checkbox"/> IPV Booster Date: _____ |
| | If high risk <input type="checkbox"/> IPV series of 3 completed Date: _____ |
| **IPV | Adults unimmunized against polio and who have had a <u>primary series</u> of tetanus and diptheria containing vaccine, can receive polio containing vaccine as part of their tetanus and diptheria booster |
| | Tdap-IPV Date: _____ OR Td-IPV Date: _____ |

| | |
|--|--|
| Tetanus, Diptheria, (Pertussis) | Required every 10 years |
| Tdap Date: _____ | Td Date: _____ (only if previously documented Tdap in adulthood) |

| | |
|------------------------|--|
| Physician/Nurse/Clinic | Print name _____ Signature _____ Date: _____ |
| Physician/Nurse/Clinic | Print name _____ Signature _____ Date: _____ |



Student Acknowledgements and Expectations

Keep this form for your reference

Immunization requirements and schedules may change from time to time. Red River College follows NACI and CIG recommendations and may consult with Medical Officers of Health and Ministry of Health on current issues and best practice.

- (1) I understand that I must submit a completed and up-to-date Red River College Immunization Record form by the deadline issued to me by Admission Services. If unable to meet the deadline for any reasonable reason, it is my responsibility to request an extension from Admission Services prior to the due date.
- (2) While I understand that in general immunizations and health screening tests are voluntary procedures, I acknowledge that the procedures within the scope of this document are also a condition of enrollment within my chosen program of study. At any time I may refuse any part of the proposed immunizations or testing, and I understand that this may result in being unable to complete the requirements within my chosen program of study.
- (3) I understand that on occasion immune status recommendations or requirements may change based on new information and evidence, outbreaks of communicable diseases, or College policies. I accept that it is my responsibility to follow through on immune status recommendations or requirements of the College while I am enrolled as a student.
- (4) I understand that my immune status personal health information will only be used by those directly involved with my chosen program of study (from the start of the application process to completion of my studies) and only for the stated purposes of the program. This may include RRC's Health Services, Enrolment and/or Admissions Services and/or designated individuals in my program/course of study and clinical/practicum placements. I understand that only the minimal amount of information required will be used.
- (5) I agree that if required, the College may obtain and use from an external source, records of immunizations, testing, or treatment of infectious diseases that fall within the scope of this document. An external source includes but is not limited to my family physician, public health, specialty care, healthcare institutions, laboratories, and immunization registries.
- (6) I give Red River College permission for all or part of my immune status record to be disclosed to the occupational health departments of the facilities in which I will study as a student so long as I remain a student at Red River College.
- (7) If additional testing for or treatment of a communicable disease within the scope of this document is conducted by occupational health or infection control of a healthcare institution, or by public health or another institution in the community, I agree that this information may be received and used by the College, so long as I remain a student at Red River College.
- (8) I understand that I should maintain a copy of my immune status record for my own records, for as long as I am a student within my chosen program/course of study.
- (9) I understand that my immune status record will be kept on a secure database system and I may request a printed copy from Health Services. I acknowledge that Health Services will not send or outline the information for future employers. I understand any paper information is not retained and shall be destroyed in a secure and confidential manner, consistent with accepted methods of disposal of health records.
- (10) I understand I am responsible to ensure any and all ongoing, new or annual updates related to immunization are submitted to Red River College Health Services for inclusion on the secure electronic database without undue delay.

RED RIVER COLLEGE IMMUNIZATION/TESTING INFORMATION SHEET

This sheet outlines and explains the immunization and testing requirements as part of the entrance requirements for applicants to Red River College's (RRC's) health provider courses and programs.

The purpose of this requirement is to protect patients/ clients/ residents, other workers and students from specific vaccine preventable diseases that may be transmitted within health care practice settings and to comply with host site policies using accepted Canadian Guides and Standards.

It is highly recommended that you start this requirement **before** applying to your chosen course/program. Completing this form will require several appointments, and could take up to **7 months** depending on your vaccine needs, schedule and testing requirements. This requirement must be received by RRC's Health Services for review within **30 days** from your application date. Only fully completed records will be processed.

Getting Started

- Print off a copy of this information sheet
- Have the required current Student Immunization Admission Form-most current will be on the Health Services website if you are unsure.
- Fully complete the top section, print clearly. We require this in order to process the form, log information onto the electronic database and if needed contact the applicable program enrollment officer.
- Read the information on the back and sign on the front that you have read and understand the information. If you have any question, contact Health Services.

Completing the vaccination and testing requirements

- ✓ Gather all information related to your vaccine and testing history before going to your health provider. This may include old health or family records/baby book notes, nursing station, school records or admission immunization records from a previous program or learning institute. If you had immunizations in Manitoba via school etc, contact your local Public Health Office and request a copy of your immunizations. (Manitoba has a provincial database of immunizations from 1980 onward.) You will need to provide your Purple Manitoba Health PHIN information so have it handy. Visit Health Services website and click on the Regional Health Authority Office link for a listing of Public Health Offices in Manitoba.
- ✓ Take all information with you to your health provider or clinic of choice so they can complete the form and give any missing vaccine or order required tests.
- ✓ Call and ask for costs of vaccines and tests. Offices charge differently and costs can vary significantly. Some vaccines are free if they are part of the publicly funded system.
- ✓ Realize completing immunizations may need to be done over a number of months (**Hepatitis vaccine series and testing can take up to 7 months**) depending on your individual needs, type and number of doses of vaccines being given.

Let your health provider know your deadlines to help plan the best way to complete the requirements in a timely manner.

Once the form is fully completed

1. Bring or mail your form to RRC Health Services. It is best, if possible, to bring it in as it will be reviewed for any omissions or concerns, logged into the database and the form returned to you.
2. If you mail in your form, if there is any missing or incomplete information, it will be sent to Enrolment Services for return to you for completion.
3. If your form is completed and you wish it returned you will have to include a self-addressed stamped envelope as information is on our electronic database so we do not keep paper copies.
4. The physician &/or nurse completing the form is to sign the form.

Health Services advises the appropriate program Enrollment Officer only when the immunizations and testing are complete.

General Information on Vaccines and Tests

NOTE*

For all immunizations/tests, if it is unknown, or there is no documentation/evidence, the person is considered unimmunized.

• **MEASLES, MUMPS AND RUBELLA (MMR):** Documentation of a total of 2 doses of MMR vaccine or a positive titre (blood test result indicating immunity) for measles, mumps and rubella.

A negative titre for any of the three requires a booster dose or 2 doses if no previous MMR vaccine is recorded. No further testing is required after vaccine administration.

• **HEPATITIS B- (Hep B)** It is always preferred to have the standard timing schedule for Hep B. For some short programs a rapid or shorter schedule, in consultation with your health provider, is acceptable to help with completing the immunization in order to enter your program.

Know if you are getting Hep B only or the combination Hep A and B.

Documentation of three doses of Hepatitis B vaccine given in accordance with standard timing (NACI) (starting with the 1st dose, one month later the 2nd dose and 5 months after the 2nd, the 3rd dose and documentation of HBV-specific antibody titre (blood test required indicating immunity) no sooner than 4 weeks after the third dose

*Note: a Hep B booster is required following a negative antibody result with a re-titre no sooner than 4 weeks after the booster. If result continues to be negative, a second series is to be completed (the booster would count as the first dose in the series of 3) using standard time frames as above and a titre retest 4 weeks after the second full series is completed.

If a person partially completed a Hep B series they do **not** need to repeat the whole series, they start from where they left off no matter how long ago they had a partial series.

** In short/rapid schedules, a later booster or 4th dose is done at month 12, however, a titre done 4 - 8 weeks after the shorter series of 3 is accepted. If it is initially negative a repeat titre can be done. The longer the time frame for titre the better.

- **VARICELLA (CHICKENPOX)**-Your immune status must be determined and documented. You're considered immune if a physician or parent confirms you had chickenpox or
b) you have a positive antibody test or
c) you have a total of two doses of vaccine a month apart. No testing is required if vaccine is given.

- **MANTOUX TESTING/TUBERCULOSIS (TB) TESTING**- If you have: a) documentation of a positive Mantoux test or b) have been or are being treated for tuberculosis then you do not have another Mantoux test but you do require documentation (date/result) of a current chest x-ray (in the past 2 years) and confirmation/documentation of being referred for assessment for latent Tuberculosis. This is usually to Klinik if in Winnipeg. If referred to another health authority's equivalent program that is accepted. If no history of positive Mantoux or exposure/treatment for TB, documentation of a two-step Mantoux test is required.

NOTE: A two-step Mantoux test is a four appointment process normally given 7 to 28 days apart. Step 1 and 2 can be no more than 12 months apart.

An annual 1- step Mantoux test is required after having the initial 2 step testing and it was not positive. Updated annual tests are to be submitted to Health Services to keep records current. A clinic form/ Dr. or Nurses note is acceptable as long as it has the date and mm result.

At any time, if a Mantoux test converts to positive, a chest x-ray is required as well as a referral for assessment even if the chest x-ray is negative. No further Mantoux tests. It is strongly advised that when a diagnosis of latent TB is made, that medical recommendations including protective medication be followed, for your and others health and safety.

- **TETANUS/DIPHTHERIA (PERTUSSIS)** -Completed a primary series. Date of current booster (within the past 10 years). There is no cost if it has been longer than 10 years from your last date of administration. Everyone should have one dose of Tdap in their adult life (high school does not count). If done, then a Tetanus/diphtheria (TD) is all that is needed every 10 years.

If you are updating your tetanus during a program, submit the documentation to Health Services to keep information current. A clinic note, Nurses or Dr.'s note is acceptable.

- **POLIO**-Completed a primary series. Since Canada is a low risk country, a booster (IPV) may be given. If timely, it can be given with tetanus/diphtheria or with tetanus/diphtheria/pertussis or on its own in a single injection.

- **INFLUENZA**-Vaccine recommended annually. Influenza kills many every year. Protect those who depend on you from family, friends, communities, fellow students, facilities and (importantly) those under your care in practicum placements.

Visit the public health division web site for contact information of public health offices in Manitoba <http://www.gov.mb.ca/health/publichealth/offices.html>

It is of course best to use the services of your own physician or clinic, but for those unable to access a personal clinic or don't have their own health provider the following are some clinics that can be called.

- FOUR RIVERS MEDICAL CLINIC. PH: 786-8588
- JOURNEY'S TRAVEL CLINIC. PH: 982-9489
- WRHA TRAVEL HEALTH. PH: 940-8747
- VON PH: 204-775-1693-(Does much of the Mantoux testing)
- ATLANTIC MEDICAL CENTER PH: 204-505-1580

PLEASE ENSURE YOU MAKE AND KEEP A COPY OF YOUR FORM before submitting it for review and processing. Health Services enters the immunization information to an electronic database.

You are responsible to provide documentation of any updates to maintain your immunization and testing requirements. Remember Mantoux testing is an annual requirement for all those who test negative.

Primary site for submissions:
Red River College-Health Services
HM08-2055 Notre Dame Avenue
Winnipeg Manitoba, Canada
R3H 0J9
Ph: (204) 632-2238

Alternate site for those downtown or in residence
Red River College-Health Services
Paterson Global Foods Institute
Room 306-504 Main Street
Winnipeg Manitoba, Canada
R3B 0T1
Ph: (204) 631-3386