



Immunization and Communicable Disease Review Form

This form outlines the immunization prerequisites that students need prior to starting the VCMT program. Some of our outreaches are in Government Health facilities which require students to have evidence of immunization or previously been infected by each of the “Immunization Types” listed in the table below. If students haven’t had the infection and have not had the immunizations, they should get a medical test to confirm immunity. If immunity is confirmed, please attach the lab results. If the results show they are not immune, they will need to receive the immunization.

Students - If you have immunization records for each “Immunization Type” listed below, please attach a copy and complete SECTION #2. If you do not have your previous immunization records, please go to a Health Care Provider or your family doctor and have them complete SECTION #1. ** For more information, see Additional Notes on the second page of this document.

SECTION #1 - To be completed by Health Care Provider:

IMMUNIZATION TYPE	Proof of immunization or infection If you answer NO for any Immunization Type in this column, please complete Column B.	Immunity confirmed by necessary medical test. Only complete this column if you answered NO in Column A. (Please attach results)
	COLUMN A	COLUMN B
MMR - Measles/Mumps/Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
Polio Series	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
DPT - Diphtheria/Pertussis/Tetanus booster needed every 10 years (example 5 years old / 15 years old / 25 years old, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No Last vaccination date: _____	<input type="checkbox"/> Yes
Varicella (Chicken pox). Have you had it? If not, have you received immunization? One of the two is required.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes

I confirm that the information in the chart above is accurate for _____.

(Student's name)

Date: _____

Name (Print): _____

Signature: _____

Stamp or Clinic Name and Address: _____

SECTION #2: To be completed by the Student.

Date: _____

Class Name: _____

Name (Print): _____

Signature: _____

** Additional Notes

We have various outreaches that take place within local Health Authority facilities. This document is a summary of information provided by these health authorities in order to clarify the immunization checklist. Part of the entrance requirements to VCMT is that you have proof of vaccination/immunity for:

MMR (Measles, Mumps, Rubella) – life time immunity with childhood immunizations.

o If you cannot provide documentation of childhood immunization, your health care provider will give you a requisition to have your blood tested for the antibodies. You will take this requisition to a lab to have your blood drawn and the results will be sent to your health care provider. Please provide us with these results OR have your health care provider indicate on the 'Immunization and Communicable Disease Review Form' that they confirmed immunity to MMR. Either way, if your blood has to be tested, you will have to return to your health care provider for the results/to have your form signed.

Polio – lifetime immunity with 3 doses in childhood PLUS booster 10 years later

- Please provide us with these results OR have your health care provider indicate on the 'Immunization and Communicable Disease Review Form' that they confirmed immunity to Polio.
- If you cannot provide documentation of childhood immunization and if unsure about Polio, you must receive the booster.

Tetanus, Diphtheria, Pertussis (DPT) – need booster every 10 years

- This is the vaccine you likely had a booster of in grade 9, so if you haven't had a booster since grade 9 and you are 22 years or older (add 10 years and subtract 2 because you will be in school for 2 years and need to be covered the whole time), you will need a booster.
- Please provide us with record of this booster, either a script from your MD saying they administered it or indicated on the 'Immunization and Communicable Review Form'

Varicella Zoster Virus (VZV or Chicken pox) – VCH does not require proof of having had the chicken pox by way of testing for antibodies, but IF you know you did not have it as a child, there is a vaccine you should get – chicken pox is much more severe to contract as an adult. If you are not sure if you had the chicken pox or the vaccine, you should get the vaccine.

Tuberculosis (TB) - **You do not need to get your TB test before you start at VCMT**. You will need to have a **TB test later in the program**. Certain Health Authorities require documentation of a negative test result within 6 months of placement in some of their facilities. **We will contact you when this is required**. The test requires 2 visits – the first visit they will inject a small amount of fluid under your skin. The second visit happens 48 -72 hours later (no later than 72 hours or injection will have to be given again) when they check for reaction of your skin. We will provide a list of clinics that perform the test.

~~ Optional Vaccines ~~

Hepatitis B – It is recommended by immunize.bc.ca that people receive this vaccine if they will be working in a profession where they may be exposed to blood or body fluids or are at increased risk to sharps injury, bites or penetrating injuries. However, this is not a requirement. You can consult your doctor during your appointment for more information on this.

Flu Shot – All persons working in certain facilities run by various Health Authorities are required to either get that year's flu shot OR wear a mask when working in one of their facilities.

Please send your immunization records and/or completed checklists to daiva@vcmt.ca. She will forward them to the Outreach Coordinator who will contact you if any clarification is required.

