

HUMBER COLLEGE & UNIVERSITY OF GUELPH-HUMBER
PRE-PLACEMENT INTAKE HEALTH FORM

Immunizations are required for your program. They are required to protect both you and your clients from various diseases and illnesses.

The immunization process may take several weeks to complete, depending on your immunization history, it is strongly recommended to start the process early. Incomplete immunization forms will delay student participation in their placement.

All of the required immunizations/blood tests are available through the Humber College Health Centre, some items are covered by your OHIP or international coverage, some are not covered.

This form may also be completed by a Health Care Provider outside of the College, the cost for the service may vary.

Steps to follow:

- In order to have these forms completed at the Humber Health Centre, visit the Centre located at LRC, 2nd Floor (North Campus) or 2nd Floor Student Welcome & Resource Centre (Lakeshore Campus) and register for services. Book an appointment with a nurse for an Initial Assessment. You **do not** have to print or bring this form to the appointment. However, a copy of your **Immunization Records** preferably from Public Health or a copy of your **yellow immunization card** would be very useful at your appointment.
- Immunization Records may be available at the Public Health Department that was responsible for maintaining records for your high school. The contact information for the Ontario Public Health Departments can be found at www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html
- If this form is being completed by a Health Care provider external to the College, download and print this form and have it completed by your provider.
- **If a student is unable to complete the Pre-Placement Health Form, then a Medical Exemption Waiver Form from the Associate Dean is required to be shown to your Program Coordinator.**
- As a general rule you will need:
 - ✓ Proof of a 2-step TB skin Test. This screening process takes a minimum of 2 weeks and required at least 4 visits to the health clinic. If any of the steps is positive, a chest x-ray is required accompanied by a chest assessment done by a physician.
 - ✓ Proof of adult series for tetanus, diphtheria and pertussis (Tdap)
 - ✓ Proof of 2 full doses of MMR (measles, mumps, rubella) or blood test results confirming immunity to all
 - ✓ Proof of 2 doses of varicella vaccines or blood test results confirming immunity
 - ✓ Blood test results confirming immunity to Hepatitis B antibodies and antigen and/or proof of full series of Hep B vaccinations

Vaccinations if required are usually given one month apart.

- Copies of Immunization Records and supporting documentations are scanned and the original copy is returned to the student. If you do require a copy of your documents afterwards, a fee will be charged to your student account.

All immunization and other Health Centre charges will be billed directly to your student account

Humber College Health Centre Contact Information:

Tele: 416-675-5090 (north Campus) and 416-675-6622 ext 3331 (Lakeshore Campus)

Email: healthcentre@humber.ca

Website: <http://www.humber.ca/student-life/swac/health-counselling>

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The information that you provide is **confidential**. It is intended for use by the Humber College Health Centre Staff in order to ensure that the student meets the Immunization Requirements for Clinical Placement.

FRREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT

The personal information on this form is collected under the legal authority of the Colleges and University Act. R.S.O. 1980 Chapter 272, Section 5, R.R.O. 19990, Regulation 77 and the Public Hospital Act R.S.O. 1980 Chapter 410, R.S.O. 1986 Regulations 65 to 71 and in accordance with the requirements of the legal agreement between the College and the agencies which provide clinical experience to students. The information is used to ensure safety and well-being of students and clients in their care.

PERSONAL INFORMATION

Program of Study: Student #..... Admission Year:
 Last Name: First Name (s):
 Date of Birth:
DD/MM/YY
 Health Card#..... Exp. Date: Province:
DD/MM/YY
 Address:
 Tel. #..... Email:

IMMUNIZATION RECORDS

A copy of your immunization record is a great way to get this process started. You may connect with Public Health-Canada to get a copy of any existing records.

TB TESTING

A 2-STEP Tuberculin Skin Test is required regardless of BCG History. The TB tests should be given 1-4 weeks apart.

PREVIOUS POSITIVE TB TEST: If you have a documented history of a previous positive TB test (induration measuring equal to or greater than 10 mm) a TB skin test is NOT REQUIRED. **Proceed to Chest X-Ray and Chest Assessment**

TB Test	Vaccine Name	Date Given	Site/Route/Dose	Date Read (within 48-72 hours)	Results: Indurations in mm	HCP Initials
Step 1		dd/mm/yy		dd/mm/yy		
Step 2 (7-28 Days after Step 1)		dd/mm/yy		dd/mm/yy		

Step 1: If TB test is positive (≥ 10 mm) proceed to Chest X-Ray or If TB test is negative (<10 mm) repeat TB step 1 in 1-4 weeks

Step 2: If TB test is positive (≥ 10 mm) proceed to Chest X-Ray or If TB test is negative (<10 mm) repeat TB test annually

CHEST X-RAY & CHEST ASSESSMENT: Required ONLY if TB reaction is equal to or greater than 10 mm

Date of Chest X-Ray	Results	INH Treatment Prescribed (YES or NO) if No, why?
dd/mm/yy		

ATTACH A COPY OF A RECENT X-RAY REPORT (Mandatory)

STUDENTS WITH A PREVIOUS POSITIVE TB SKIN TEST MUST COMPLETE AN ANNUAL CHEST ASSESSMENT

Date of Chest Assessment	Results	HCP initials
dd/mm/yy	Negative = no symptoms of active TB Positive = symptoms of active TB	

TETANUS, DIPHTHERIA and PERTUSSIS VACCINES

Tdap Immunization	Vaccine Name	Date Given	Site/Route/Dose	HCP Initials
Tetanus/Diphtheria/ Pertussis (ADACEL) (at ≥ 14 years)	dd/mm/yy		
Tetanus/Diphtheria (Td) (every 10 years)	dd/mm/yy		

MMR IMMUNITY

Documentation of two (2) MMR **OR** blood test proving immunity is required.

MMR#1:
dd/mm/yy

MMR#2:
dd/mm/yy

OR

ATTACH A COPY OF the Measles/Mumps/Rubella Blood Test Results (Mandatory)

Name of Vaccine	Date Given	Site/Route/Dose	HCP Initials
MMR #1	dd/mm/yy		
MMR #2	dd/mm/yy		

VARICELLA (CHICKEN POX) IMMUNITY

Documentation of two (2) Varicella Vaccines **OR** blood test proving immunity is required.

Varicella #1:
dd/mm/yy

Varicella #2:
dd/mm/yy

OR

ATTACH A COPY OF the Varicella Blood Test Results (Mandatory)

If blood test results show that student is non-reactive or non-immune, then 2 varicella vaccines (given 1 month apart) are required.

Name of Vaccine	Date Given	Site/Route/Dose	HCP Initials
Varicella #1	dd/mm/yy		
Varicella #2	dd/mm/yy		

HEPATITIS B VACCINES/ IMMUNITY

Proof is required if you have received 2 doses of Hep B in Grade 7 or 3 doses of Hep B as an adult, then **an initial blood test for HBsAg and HBsAb is also required.**

Hep B #1.....
dd/mm/yy

Hep B#2:
dd/mm/yy

Hep B#3:
dd/mm/yy

And

ATTACH A COPY OF the HBsAb (Antibodies) & the HBsAg (Antigen) Initial Blood Test Results (Mandatory)

If no documentation of vaccines is available, a student must take the 3 vaccines and follow-up with a blood test for **HBsAg and HBsAb** (Vaccination Schedule: 0, 1, 6 months for Regular series or 0, 7, 21 days & 1 year for Rapid Series)

Name of Vaccines (Recombivax HB, Engerix B or Twinrix)	Date Given	Site/Route/Dose	HCP Initials
#1.....	dd/mm/yy		
#2.....	dd/mm/yy		
#3.....	dd/mm/yy		
.....	dd/mm/yy		

ATTACH A COPY OF the HBsAb (Antibodies) Post Series Blood Test Results (Mandatory)

If the student is not immune after 3 injections, they will need a booster of Hepatitis B and after 4 - 6 weeks, a blood titre to check immunity. If the student is still not immune, they will have to complete the 2nd series (2 more injections). A blood titre is required 4 - 6 weeks after the second series or shot #6

Name of Vaccines (Recombivax HB, Engerix B or Twinrix)	Date Given	Site/Route/Dose	HCP Initials
#1.....	dd/mm/yy		
#2.....	dd/mm/yy		
#3.....	dd/mm/yy		

ATTACH A COPY OF the HBsAb (Antibodies) Post Booster Blood Test Results (Mandatory)

HEALTH CARE PROVIDER (HCP) INFORMATION

The student has met all the program immunization requirements needed to attend field/clinical placement:

YES

NO

Name & Signature of HCP: _____

Date: _____

Profession: RPN RN NP MD

dd/mm/yy

Address/Clinic Stamp (mandatory):