

2023-2024 HEALTH FACULTY IMMUNIZATION CLEARANCE FORM

Student Name:

Student ID Number:

Date of Birth:

Country of Birth:

Program: DROP DOWN LIST

**UNIVERSITY OF ALBERTA**
UNIVERSITY HEALTH CENTRE

* COPIES OF ALL ORIGINAL & NEW IMMUNIZATION RECORDS AND TEST RESULTS MUST BE SUBMITTED WITH THIS FORM.

** A minimum of a month and year is REQUIRED for a vaccine dose to be considered valid.

*** Submitting pending & completed copies of this form (& attachments) to the faculty is the responsibility of the student. The UHC cannot legally release this information to the faculty on your behalf as a result of the Health Information Act (HIA)

**** "It is the responsibility of the Health Care Student and students in other High-Risk Programs to initiate and follow through with the assessment of their immunization status with their occupational health or student health services program (Alberta Health Services. (2022). *Immunization Recommended for Health Care Students and Students in Other High-Risk Occupational Programs*.

<https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-imm-recomm-hcs-high-risk-occ-prg-appdx-a-08-302.pdf>)

VACCINE	AHS GUIDELINE	RESULTS:
TETANUS, DIPHTHERIA, PERTUSSIS	<ul style="list-style-type: none"> All students must have a primary series of 3 or more documented doses of tetanus/diphtheria containing vaccine, including a reinforcing dose within the last 10 years. All students must have documentation of a dose of acellular pertussis containing vaccine (Ex. dTap) <u>on/after the age of 18</u> - Regardless of when the most recent dose of tetanus was. If the student has no documentation – complete a primary series of 3 doses of tetanus, diphtheria, pertussis at the appropriate intervals. 	Document the last three tetanus, diphtheria, pertussis containing immunizations: Dose #1: _____ Dose #2: _____ Dose #3: _____ (Most recent dose - For most students this will be the <u>adult dTap at ≥18rs</u>). If the most recent dose was administered when the student was <18 years of age, the form will be considered incomplete. <i>*The most recent dose must be within the last 10 years*</i>

<p>TUBERCULOSIS TESTING (TST)</p>	<ul style="list-style-type: none"> 1-step TST result in millimeters (mm) within 12 months of the program start date. BCG vaccination is NOT a contraindication to a TST. A Chest X-Ray without written documentation of a positive TST in millimeters will NOT be accepted. If there is documentation of a previously positive TST in millimeters– only a Chest X-Ray is required within 6 months of the program start date. *REPORT MUST BE ATTACHED. 	<p>Date of TST: _____</p> <p>Date of Reading: _____ Result: _____mm</p> <p>Chest X-Ray: (Required if current TST is positive or there is a history of a positive TST)</p> <p>Date: _____</p> <p>Result: <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL <input type="checkbox"/> NOT APPLICABLE</p> <p>Referral to TB Services? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>VARICELLA (Chicken Pox)</p>	<ul style="list-style-type: none"> 2 doses of varicella-containing vaccine after 12 months of age at appropriate intervals. Students who have 1 dose of varicella containing vaccine should be offered a second dose. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> POSITIVE Varicella IgG serology results. If Varicella IgG results are negative or indeterminate - Vaccination is required. Adults need 2 doses with a minimum interval of 6 weeks between doses. <p>*Serology after vaccination is <u>not recommended</u>.</p>	<p>Dose #1: _____</p> <p>Dose #2: _____</p> <p>OR</p> <p>Varicella Serology: COPY OF LAB RESULT <u>MUST</u> BE ATTACHED TO THIS FORM</p> <p>Date: _____</p> <p>Result: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE / INDETERMINATE <input type="checkbox"/> NOT APPLICABLE</p>
<p>MEASLES, MUMPS & RUBELLA</p>	<ul style="list-style-type: none"> 2 valid doses of measles-containing vaccine after 12 months of age. 2 valid doses of mumps-containing vaccine after 12 months of age. 1 valid dose of rubella-containing vaccine after 12 months of age is legislated under the Alberta Public Health Act. 	<p>Measles: Dose #1: _____ Dose #2: _____</p> <p>Mumps: Dose #1: _____ Dose #2: _____</p> <p>Rubella: Dose #1 _____</p> <p>Extra Dose(s): _____</p>

<p>HEPATITIS B VACCINATION</p>	<p>Serological testing in the <u>absence of immunization records will NOT</u> be accepted.</p> <ul style="list-style-type: none"> All students must have documentation of a complete Hepatitis B immunization series. An acceptable primary series can be 2-4 doses depending on the age and geographic area in which it was administered. Positive serology (Anti-HBs) will NOT be accepted if there is an <u>incomplete or absent record of immunization</u>, unless the student has serology that indicates previous infection. 	<p>Dose #1: _____ Dose #4: _____</p> <p>Dose #2: _____ Dose #5: _____</p> <p>Dose #3: _____ Dose #6: _____</p> <p>Dose #7: _____</p>
<p>HEPATITIS B BLOOD TESTING</p>	<p>The Hepatitis B serology recommendations for health care students differ based on the students' risk of past Hepatitis B infection.</p> <p><u>Not at risk of past infection:</u> A Hepatitis B Surface Antibody (Anti-HBs) is required</p> <p><u>At risk of past infection:</u> A Hepatitis B Surface Antibody (Anti-HBs), Hepatitis B Core Antibody (Anti-HBc), & Hepatitis B Antigen (HBsAg) are required.</p> <p><i>(High Risk: Students who have immigrated to Canada from a Hepatitis B endemic country (see Appendix A), those who have received repeated blood transfusions, those with a history of dialysis, and those with lifestyle risks of infection, etc.)</i></p> <ul style="list-style-type: none"> A student with a POSITIVE Anti-HBc (core) and/or HBsAg requires a physician letter explaining the results. If a student has low Anti-HBs of less than 10u/L, the student will need to receive boosters (at the appropriate intervals) as per the attached <i>AHS Hepatitis B Algorithms (Appendix B & C)</i> until a positive Anti-HBs of 10u/L or greater, is achieved. 	<p>Please check one:</p> <p><input type="checkbox"/> Student is <u>NOT AT RISK</u> of past infection (<i>The student's country of origin is <u>NOT</u> a Hepatitis B endemic country & they do <u>NOT</u> have a history of risk factors</i>).</p> <p>OR</p> <p><input type="checkbox"/> Student is <u>AT HIGH RISK</u> of past infection</p> <hr/> <p>Mandatory Serology: Required for <u>all students</u></p> <p>Anti-HBs:</p> <p>Date: _____</p> <p>Result: _____ U/L Interpretation: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE</p> <ul style="list-style-type: none"> COPY OF LAB RESULT <u>MUST</u> BE ATTACHED TO THIS FORM

	<p>(...continued)</p> <ul style="list-style-type: none"> If a student has received a total of 2 complete series of the hepatitis B vaccine and their Anti-HBs remain low (<10 u/L), the student is considered a non-responder, and no further hepatitis B vaccination is recommended. The student will then need to have a HBsAg completed (regardless of risk) and will require a letter stating they are a non-responder from a physician. 	<p>If required (<i>High- Risk Students only</i>):</p> <p>Anti-HBc (core): <i>Required for those students at high risk of past Hepatitis B infection</i></p> <p>Date: _____</p> <p>Result: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> NOT APPLICABLE</p> <ul style="list-style-type: none"> COPY OF LAB RESULT MUST BE ATTACHED TO THIS FORM <p>HBsAg: <i>Required for those students at high-risk of past Hepatitis B infection or those considered non-responders to Hepatitis B immunization</i></p> <p>Date: _____</p> <p>Result: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> NOT APPLICABLE</p> <ul style="list-style-type: none"> COPY OF LAB RESULT MUST BE ATTACHED TO THIS FORM <p>Letter from physician explaining results: <i>Required for students who have a positive Anti-HBc, a positive HBsAg or a student who is considered a non-responder to Hepatitis B immunization</i></p> <p><input type="checkbox"/> Letter attached</p>
<p>SEASONAL INFLUENZA</p>	<ul style="list-style-type: none"> Strongly recommended for ALL Health Care Students. 	<p>1 dose annually.</p>

Clinic Stamp:

Health Care Provider Name

Health Care Provider Signature

Date