

## Immunization Record

Medavie HealthEd is responsible to mitigate the risk of illness for its students and their patients. Students participate in patient care (sometimes in uncontrolled environments) where they may be exposed to or expose others to communicable diseases. This record serves as valid evidence that a student possesses the immunity they require to participate in the patient care process. **Therefore, it is important that the applicant and the Health Care Provider review this document in detail so as to appreciate its significance and relevance to our admission process.**

The evidence we accept as proof of immunity includes serology (blood work for the diagnostic identification of antibodies in blood serum) or completed public health immunization documentation. All hospitals and ambulance operations require verification of immunizations before placement. **Applicants with incomplete immunization records may be denied program admission and / or clinical & practicum placement.**

This record will be shared with the admissions team, as well as any hospital and ambulance operation where the student will be placed to participate in patient care.

Applicant: \_\_\_\_\_

Program Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program Location: \_\_\_\_\_

Immunization/Vaccine	Date of Vaccine/History	Date of Booster, if required	Serology (blood work)-provide documentation	Health Care Provider Name and Address (Stamp preferred)	Signature
Tuberculosis – A 2-step (Mantoux) test is required if never previously tested. If previously tested, documentation of the 2-step and a 1-step are required.  <b>A chest x-ray, within the last 12 months, is required if the applicant tests positive.</b>  <b>Date of chest x-ray:</b>  <b>Results:</b>	<b>Step 1:</b> Date injected:  Date read:  mm of induration:   <b>Step 2:</b> Date injected:  Date read:  mm of induration:	Not applicable	Not applicable		
Tdap – Tetanus, Diptheria & Pertussis <i>Tetanus booster with pertussis required within the last 5 years.</i>	Not applicable	Booster date:	Not applicable		
Polio - Evidence of 3 doses of inactivated polio virus (IPV) or oral polio virus (OPV). If not, apply to Public Health Services or your Family Physician for initiation of primary immunizations.	First dose:  Second dose:  Third dose:	Not applicable	Not applicable		

Immunization/Vaccine	Date of Vaccine/History	Date of Booster, if required	Serology (blood work)-provide documentation	Health Care Provider Name and Address (Stamp preferred)	Signature
MMR – Measles (Rubeola), Mumps, Rubella (German Measles) – two doses required if born after 1970.	First dose:  Second dose:	<b>Not applicable</b>	Serology required proving immunity. Serology results date:		
Varicella (Chicken Pox) Documented history or two doses of varicella vaccine if not immune.	Year of contraction:  First dose:  Second dose:	<b>Not applicable</b>	Serology required proving immunity. Serology results date:		
Hepatitis B - vaccination and proof of immunity is mandatory.  This is a series of 3 injections and titer, which are administered and tested over a 9 month period.  However, <b>applicants applying within one to two months of the program start date should consider using an accelerated vaccination schedule</b> (Such as Twinrix). Otherwise program completion may be delayed.	First dose:  Second dose:  Third dose:	First dose, if required:  Second dose, if required:  Third dose, if required:	Serology required proving immunity (Hep B titer). Serology results date:		
Influenza vaccine (Available during flu season) is recommended for all students.	Date:	<b>Not applicable</b>	<b>Not applicable</b>		

- **Important note:**

- Nova Scotia program applicants should return this document to the Dartmouth Campus at 201 Brownlow Avenue, Unit 33, Dartmouth, NS, B3B 1W2.
- New Brunswick program applicants should return this document to the Moncton Campus at 567 Boul. St. George Blvd, Moncton, NB, E1E 2B9