

Applicant:

Dartmouth Campus

Unit 154 – 50 Eileen Stubbs Ave.

Dartmouth, NS B3B 0M7

1-888 798-3888

Fax / Télécopieur (902) 434-2242

Moncton Campus

Program Name:_____

567 Boul. St. George Blvd, Moncton, NB E1E 2B9 1-888-798-3888

Fax / Télécopieur : 506-389-2198

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 may include 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.

Date of Birth:		Program Location:			
Immunization/Vaccine	Date of Vaccine/History	Serology (blood work)- provide documentation	Date of Booster, if required	Health Care Provider Name and Address (Stamp preferred)	Health Care Provider 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. A chest x-ray, within the last 12 months, is required if the applicant tests positive. Date of chest x-ray: Results:	Step 1: Date injected: Date read: mm of induration: Step 2: Date injected: Date read: mm of induration:	Not applicable	Not applicable		
Tdap — Tetanus, Diptheria & Pertussis Tetanus booster with pertussis required within the last 10 years.	Not applicable	Not applicable	Booster date:		
Polio - Evidence of 3 doses of inactivated polio virus (IPV) or oral polio virus (OPV). Not required unless "not immune" or documented proof is lacking and have travelled to Polio identified region.	First dose: Second dose: Third dose:	Not applicable	Not applicable		

Applicant Name:	
Date of Birth:	

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Immunization/Vaccine		e of History	Serology (blood work)-provide documentation	Date of Booster, if required	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		Serology required proving immunity if unable to verify two documented doses. Serology results date:	If serology shows non-immunity then a booster w be required prior to clinical. Booster date:	ill		
Varicella (Chicken Pox) Documented history of varicella or two doses of varicella vaccine if not immune.	Year of co OR First dose		Serology required proving immunity if unable to verify two documented doses or history. Serology results date:	If serology shows non-immunity then a booster w be required prior to clinical. Booster date:	ill		
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.	First dose		Serology required proving immunity (Hep B titer). Serology results date:	If serology shows non-immunity then a booster w be required prior to clinical. First dose, if required:	ill		
A minimum of the first dose must be documented. In this case the student must also sign the below waiver of immunity. If serology indicates non-immune than a booster may be required.	Third dos	e:		Second dose, if required: Third dose, if required:			
I understand that I have only completed one or two of the three doses of the Hepatitis B vaccine and may not be immune. I also understand that in the clinical and/or practicum environment I may be exposed and potentially at risk of infection because of this.							
Applicant Name	Date			Applicant Signature			

Important note:

- Nova Scotia and Saskatchewan program applicants should return this completed form and supporting documentation to the Dartmouth Campus at 50 Eileen Stubbs, Unit 154, Dartmouth, NS, B3B 0M7.
- New Brunswick program applicants should return this completed form and supporting documentation to the Moncton Campus at 567 Boul. St. George Blvd, Moncton, NB, E1E 2B9