

Learner Name: _____



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Learner Immunization Form

SECTION A: LEARNER AUTHORIZATION

Learner Last Name: _____ Given Name: _____

Date of Birth: (yyyy-mm-dd) _____ Program and Year: _____

I authorize NOSM University (NOSM U) to use information collected on this form and disclose my personal health information to NOSM U teaching and administrative staff, officials of hospitals, health centres, and other organizations related to my NOSM U education, including but not limited to, clinical education experiences, community experiences, and electives as required.

I understand that the purpose for collecting, using, and disclosing this personal health information is to ensure compliance with health review and screening standards as required by Section 4 of the Ontario Public Hospitals Act, R.R.O. 1990, Regulation 965, Hospital Management, other related legislation and regulations, and the Ontario Hospital Association / Ontario Medical Association Joint Communicable Disease Surveillance Protocol.

I acknowledge that, to the best of my knowledge, the personal health information provided in this form is completely accurate.

Learner Signature: _____ Date: (yyyy-mm-dd) _____

1. Learners who do not submit the appropriate immunization records will be refused, restricted, or suspended from clinical training until proper documentation is provided.
2. Learners are advised to retain a copy of this document for their personal records should a third-party request this information.
3. The information collected on this form shall be used to ensure that health review and screening standards set out in the Public Hospitals Act, regulations and other related legislation, and organizational policies are met so that learners may participate in clinical activities.
4. Any questions on the collection, use, or disclose of your health information should be directed to immunization@nosm.ca.

Learner Name: _____

SECTION B: HEALTH CARE PROFESSIONAL (HCP) VERIFICATION

Every HCP who completes any part of this form must complete this section. By signing below, the HCP indicates that the information listed on this form is an accurate account of the learner's immunization status as of the date shown.

Name of HCP: _____ Profession: _____

Address: _____

Email address: _____ Telephone: _____

Signature: _____ Date: (yyyy-mm-dd) _____

Please note the following:

1. All antibody titres and serology requested herein must be completed and attached as noted.
2. It is necessary for all new learners to include copies of all laboratory reports.
3. If more than one HCP is involved in completing this form, complete an additional Section B (page 2) for each HCP.
4. Section D contains the requirements for NOSM U learners.

SECTION C: EXCEPTIONS and CONTRAINDICATIONS to IMMUNIZATIONS and TESTING REQUIREMENTS

Is the learner unable to meet any of the requirements listed in this document due to a medical condition?

- No, a medical condition is not present
- Yes, a medical condition is present

Please provide details and/or attach relevant information from a physician
ex. Unable to receive vaccines due to current use of biologic agent

Learners must complete Appendix A: Exceptions and Contraindications to Immunizations and Testing Requirements Self-Declaration Form

SECTION D: LEARNER'S HEALTH INFORMATION

A. TUBERCULOSIS (TB)

1. Past TB History

- 1) Documented positive tuberculin skin test (TST), blistering TST reaction, or interferon gamma release assay (IGRA)
 Yes No

If yes, date of positive TST or IGRA: (yyyy-mm-dd) _____

Result of TST: _____ mm

Note: Learners with a previously positive TST should NOT have further TSTs.

- 2) Previous diagnosis and/or treatment for TB infection or TB disease
 Yes No

If yes to any of the above questions, the learner must complete Appendix B: Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form

Chest radiographs should be taken for learners who:

- a) Have never been evaluated for a positive TST or IGRA, or
- b) Had a previous diagnosis of TB but never received adequate treatment for TB, or
- c) Have pulmonary symptoms that may be due to TB

For learners who require a chest radiograph, the HCP must complete Appendix C: Explanation of Radiographic Findings

2. Tuberculin Skin Test: Documentation of a baseline two-step TST is required for learners with a negative TB history.

- 1) The two-step TST is ideally completed 7-28 days apart, but the second step may occur up to 12 months after the first step. A two-step TST at any time in the past is acceptable and does not have to be repeated; any further TSTs should be single step.

Two-step TST

Step 1: (yyyy-mm-dd) _____ Results: _____ mm

Step 2: (yyyy-mm-dd) _____ Results: _____ mm

- 2) A single step TST is required if your last TST was more than 6 months prior to the start of medical school or 12 months prior to the start of the dietetic practicum program.

Single step TST

Step 1: (yyyy-mm-dd) _____ Results: _____ mm

Start date (check all that apply):

- Undergraduate medical education: (yyyy-mm-dd) _____
- Postgraduate medical education: (yyyy-mm-dd) _____
- Dietetic practicum program: (yyyy-mm-dd) _____

Notes: Pregnancy is not a contraindication to a TST. Please also note that the Bacille Calmette-Guerin (BCG) vaccine reduces, but does not eliminate, the risk of TB. The BCG vaccine is not a contraindication to receiving a TST. Learners who have received the BCG vaccine still need to comply with the above requirements. Annual TST screening during training is not necessary, but may be required depending on exposure.

3. IGRA: Documentation of IGRA results

- 1) The IGRA is only acceptable for international learners unable to access a TST. For learners to whom this applies, attach IGRA documentation showing results, which must be obtained less than 6 months prior to the start of medical school.

IGRA

Date: (yyyy-mm-dd) _____ Results: _____

4. TB Exposures

- 1) Since your last negative TST or IGRA, have you been identified by occupational health or public health as having significant exposure to an individual diagnosed with TB disease that warranted testing?
 Yes No
- 2) Have you had any other significant exposure to TB disease since your last negative TST or IGRA?
 Yes No

If yes to either of the above, the learner must complete Appendix B: Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form. A follow-up single step TST is recommended.

B. TETANUS, DIPHTHERIA, PERTUSSIS, and POLIO

- 1) Documentation of a primary series for tetanus, diphtheria, and pertussis is required. A tetanus and diphtheria booster within the last 10 years is required.

Tetanus, Diphtheria, and Pertussis	Date (yyyy-mm-dd)
Primary series	
Primary series	
Primary series	
Booster including pertussis as an adult (Tdap)	
Most recent booster (Td or Tdap)	

Note: A single dose of acellular Pertussis in the form of a Tdap (Adacel) is required as an adult (≥ 18 years). There is no contraindication to receiving Tdap if the learner has recently had a Td immunization.

- 2) Documentation of a primary series for polio is required.

Learner Name: _____

Polio	Date (yyyy-mm-dd)
Primary series	
Primary series	
Primary series	

C. MEASLES, MUMPS, RUBELLA, and VARICELLA

- 1) Learners must have immunity to measles as demonstrated by
 - a. Documentation of two doses of measles-containing vaccine on or after the first birthday, with doses given ≥ 28 days apart, or
 - b. Laboratory evidence of immunity (positive measles IgG)
- 2) Learners must have immunity to mumps as demonstrated by
 - a. Documentation of two doses of mumps-containing vaccine on or after the first birthday, with doses given ≥ 28 days apart, or
 - b. Laboratory evidence of immunity (positive mumps IgG)
- 3) Learners must have immunity to rubella as demonstrated by
 - a. Documentation of one dose of rubella-containing vaccine on or after the first birthday, or
 - b. Laboratory evidence of immunity (positive rubella IgG)
- 4) Learners must have immunity to varicella as demonstrated by
 - a. Documentation of two doses of varicella-containing vaccine on or after the first birthday, with doses given ≥ 28 days apart, or
 - b. Laboratory evidence of immunity (positive varicella IgG), or
 - c. Laboratory evidence of varicella infection

Please complete the following tables where appropriate (ex. if measles vaccines were given, measles serology is not required).

	Vaccine #1 Date (yyyy-mm-dd)	Vaccine #2 Date (yyyy-mm-dd)
Measles		
Mumps		
Rubella		Not required
Varicella		

	Serology (IgG) Date (yyyy-mm-dd)	Result (ex. Reactive, non-reactive)
Measles		
Mumps		
Rubella		

Learner Name: _____

Varicella		
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D. HEPATITIS B (HBV)

- 1) Documented evidence of a complete series of HBV immunizations, in addition to testing for antibodies to HBsAg (anti-HBs) at least one month after the vaccine series is complete, is required. An anti-HBs level ≥ 10 IU/L is considered protective in immunocompetent individuals; no further booster doses or antibody monitoring is required.
- 2) HBsAg is required for all learners. In the case of inadequate immunization response, learners should be tested for HBsAg to determine if they have been infected.
- 3) If anti-HBs < 10 IU/L one to six months after completing the HBV vaccine series, the learner should obtain a second series of HBV vaccines with subsequent anti-HBs ≥ 10 IU/L at least one month after the completed vaccine series. If anti-HBs < 10 IU/L greater than six months after completing the HBV vaccine series, the learner should obtain one booster in the second series of HBV vaccines, and if the subsequent anti-HBs ≥ 10 IU/L at least one month after the booster, no further vaccines are required. If anti-HBs is still < 10 IU/L, the learner should complete the second series of HBV vaccines and check anti-HBs at least one month after the second completed series. If anti-HBs ≥ 10 IU/L after the second series, no further vaccines are required. If anti-HBs < 10 IU/L after two complete HBV vaccine series, the learner is considered non-immune to HBV and completes Appendix D: Hepatitis B Non-Immune Self-Declaration Form. Learners in the process of completing a series and/or serologic testing must also complete Appendix D.
- 4) Learners who are immunocompromised or have chronic renal disease may need to undergo additional HBV post-exposure testing and treatment.

Note: A 2 or 3 dose HBV primary series is acceptable provided the type, dose, and client age range all fall within the manufacturer's recommended schedule.

Hepatitis B	Date (yyyy-mm-dd)
Vaccine #1	
Vaccine #2	
Vaccine #3	
Vaccine #4	
Vaccine #5	
Vaccine #6	

	Date (yyyy-mm-dd)	Laboratory result	Interpretation
Anti-HBs (antibody)			<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
HBsAg (antigen)			<input type="checkbox"/> Infection <input type="checkbox"/> No infection

E. HUMAN IMMUNODEFICIENCY VIRUS (HIV) and HEPATITIS C (HCV)

NOSM University learners have an ethical and professional obligation to know and monitor their serologic status on an ongoing basis, and to refrain from performing or assisting in exposure prone procedures with an unmanaged blood borne virus. HIV and HCV serology are not required on the Learner Immunization Form.

F. INFLUENZA

Learners are required to have the annual vaccine for influenza if they have any clinical placements between November and June inclusive.

Most recent Influenza vaccine: (yyyy-mm-dd) _____

G. COVID-19

It is recommended that learners follow the National Advisory Committee on Immunization (NACI) guidance on receiving the Covid-19 vaccines. Learners are advised that placement sites may require vaccination against Covid-19 prior to entering the clinical learning environment.

Have you been vaccinated for Covid-19?

Yes No

Please list all dates and products.

Covid-19	Date (yyyy-mm-dd)	Product / Manufacturer (ex. Pfizer-BioNTech Comirnaty, Moderna Spikevax)
Vaccine #1		
Vaccine #2		
Vaccine #3		
Vaccine #4		
Vaccine #5		
Vaccine #6		

G. MISCELLANEOUS

- 1) N95 Mask Fit Testing: N95 mask fit testing is required every two years. If the learner has not had an N95 mask fit test or their last N95 mask fit test has expired, they will be fitted for one by NOSM University during the academic year.
- 2) Hepatitis A: Learners should consider, but are not required to have, immunization against Hepatitis A.

Learner Name: _____

- 3) Meningitis: It is recommended that learners who rotation through Medical Microbiology receive the quadrivalent meningococcal vaccine.

SAMPLE

Learner Name: _____

APPENDIX A

Exceptions and Contraindications to Immunizations and Testing Requirements Self-Declaration Form

This form is to be completed by the learner.

Note: If an appendix is not needed, it does not need to be submitted.

This section applies only to learners who are unable to meet any one of the requirements listed in this document due to a medical condition.

My signature below indicates the following:

- I acknowledge that I may be inadequately protected against the following infectious disease(s), which are listed below:

- I acknowledge that in the event of possible exposure, passive immunization or chemoprophylaxis may be offered to me for the infectious disease(s) listed above, if clinically appropriate.
- I acknowledge that in the event of an outbreak of one or more of the infectious disease(s) listed above, I may be excluded from clinical duties for the duration of the outbreak.
- I acknowledge that I may be required to take additional precautions to prevent transmission, such as wearing a surgical mask.

Learner Name

Signature

Date (yyyy-mm-dd)

APPENDIX B

Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form

This form is to be completed by the learner.

Note: If an appendix is not needed, it does not need to be submitted.

This section applies only to learners with one or more of the following:

- A positive tuberculin skin test (TST), and/or
- A positive interferon gamma release assay (IGRA), and/or
- Previous diagnosis and/or treatment for TB disease, and/or
- Previous diagnosis and/or treatment for TB infection, and/or
- Learners who may have had a significant exposure to TB disease

I acknowledge the following:

- 1) Sometimes an individual with TB infection may progress to TB disease (active infection). I acknowledge that this can happen even in individuals who have normal chest radiographs, and in those who were successfully treated for TB infection or disease in the past.
- 2) Possible TB disease includes one or more of the following persistent signs and symptoms:
 - Cough \geq 3 weeks
 - Hemoptysis (coughing up blood)
 - Shortness of breath
 - Chest pain
 - Fever or chills
 - Night sweats
 - Unexplained or involuntary weight loss
- 3) I have a professional duty to obtain a prompt assessment from a HCP if I develop signs and symptoms of possible TB disease.

Do you have any of the signs and symptoms listed above?

- No, I do not have any of the above signs and symptoms at the present time
- Yes, I have \geq 1 signs and symptoms (attach correspondence from a HCP explaining the signs and symptoms)

Learner Name

Signature

Date (yyyy-mm-dd)

Learner Name: _____

APPENDIX C

Explanation of Radiographic Findings

This form is to be completed by the health care professional.

Note: If an appendix is not needed, it does not need to be submitted.

This form must be completed by a physician who has assessed a learner with abnormalities of the lung or pleura noted on a chest radiograph, with the chest x-ray report attached. Alternatively, it is acceptable to attach a letter or form from a physician, tuberculosis clinic, or other specialized clinic covering the following items.

Chest x-ray report attached

Learner name: _____

Reason chest x-ray was obtained: _____

Explanation for abnormal findings: _____

Given the abnormal findings, does the learner post a risk to others by participating in clinical duties?

Physician Name

Signature

Telephone

Date (yyyy-mm-dd)

APPENDIX D

Hepatitis B Non-Immune Self-Declaration Form

This form is to be completed by the learner.

Note: If an appendix is not needed, it does not need to be submitted.

This section applies only to learners who either:

- Are still in the process of completing a documented Hepatitis B immunization series, or
- Have received two complete, documented Hepatitis B immunization series, and post-immunization serology does not demonstrate immunity (ie. anti-HBs < 10 IU/L)

This appendix is not to be used to omit any required Hepatitis B immunizations. Learners with an incomplete or undocumented series are to complete this appendix, but still must have the series completed and documented on page 6 of this form.

For the learner who has failed to respond to two immunization series, it is important to ensure:

- Each immunization series was documented
- All doses were provided with the correct minimal spacing between doses
- Post-immunization serology was conducted between 1-6 months after the final dose

In such cases, no further pre-exposure Hepatitis B immunizations or serologic testing is required.

My signature below indicates the following:

- I acknowledge there is no laboratory evidence that I am immune to Hepatitis B.
- I acknowledge that in the event of a possible exposure to Hepatitis B (ex. needlestick, mucous membrane exposure) I need to report the injury to my supervisor after the incident as soon as possible, and that I may need passive immunization with Hepatitis B immune globulin.

Learner Name

Signature

Date (yyyy-mm-dd)