



Placement Immunization Requirements

Last name: _____ First name: _____

Date of Birth: _____ Program: _____

Placement coordinator: _____

This immunization form needs to be filled out by a health care professional (nurse, nurse practitioner, doctor). Last section needs to be stamped ONLY when all requirements are met. Please submit this form along with all your documentation to your placement coordinator. Loyalist College Health Centre can complete this form free of charge. Please contact healthcentre@loyalistcollege.com providing your full name and date of birth to book an appointment. Please bring all previous immunization records with you.

Tuberculosis

Student needs proof of a 2-Step TB test done. If it was done over 12 months ago, student needs a 1-step TB update done in the last 12 months. If you previously had a positive TB test, please submit a chest X-ray completed in the last 2 years. TB tests need to be given 1-3 weeks apart.

	Date inserted	Lot number/exp	Date read (48-72 hours)	Measurement/result
TB 1				
TB 2				
TB update				
Chest x-ray				

Provider Signature: _____

Measles, Mumps, Rubella (MMR)

Student needs proof of 2 MMR vaccines done during childhood. If only one vaccine was given, student needs a booster dose. If no proof of MMR vaccination is available, student needs proof of immunity by bloodwork.

	Date	Lot number/expiry date
MMR 1		
MMR 2		
MMR immunity status		

Provider Signature : _____

For use in programs: Practical Nursing, Bachelor of Science in Nursing, Perioperative Nursing, Personal Support Worker, Paramedic, Massage Therapy, OTA/PTA, Social Service Worker, and Community and Justice Studies.

Student Name : _____ Date of Birth : _____

Poliomyelitis, Tetanus, Diphtheria, Pertussis

Student needs proof of 3 childhood vaccinations of Polio-TDAP along with a booster in the past 10 years.

	Date	Lot number/expiry date
Polio-TDAP 1		
Polio TDAP 2		
Polio-TDAP 3		
Td booster		

Provider Signature: _____

Hepatitis B

Student needs to provide proof of Hepatitis B immunity status. If first bloodwork shows no proof, student will need 3 doses of vaccination done at 0, 1 and 6 months. A temporary pass will be given to the student after 2 doses. Bloodwork needs to be completed 1 month post third dose. If student is still not immune, student needs to repeat series of 3 doses provided at 0, 1 and 6 months. Student having their bloodwork showing no immunity 1 month after that sixth dose will be given an exemption. Bloodwork is required.

	Date	Lot number/expiry date
Hepatitis B immunity status		
Hepatitis B 1		
Hepatitis B 2		
Hepatitis B 3		
Hepatitis B immunity status		
Hepatitis B 1		
Hepatitis B 2		
Hepatitis B 3		
Hepatitis B immunity status		

Provider Signature: _____

COVID-19

It is strongly recommended that students receive their COVID-19 vaccines as some placement sites require it. Provide proof of all doses of COVID-19 vaccines along with boosters received. *Mandatory for Perioperative Nursing, hospitals require proof of COVID-19 vaccines

Name of Vaccine	Date administered

Provider Signature: _____

For use in programs: Practical Nursing, Bachelor of Science in Nursing, Perioperative Nursing, Personal Support Worker, Paramedic, Massage Therapy, OTA/PTA, Social Service Worker, and Community and Justice Studies.

Student Name : _____ *Date of Birth :* _____

Varicella

Student needs to provide proof of 2 varicella vaccines given during childhood. If only proof of one vaccine, student needs 1 booster given. If student does not provide any proof of vaccination against varicella, student will need bloodwork showing immunity. If no immunity is observed, student will need 2 doses given one month apart.

	Date	Lot number/expiry date
Varicella immunity status		
Varicella 1		
Varicella 2		

Provider Signature: _____

Influenza

It is strongly recommended to receive the influenza vaccine every year as some placements may deny access to unvaccinated people in event of an outbreak (*mandatory for paramedics).

Name of vaccine	Date administered	Lot number

Completed by:

Provider's name and title: _____

Signature: _____

Provider's name and title: _____

Signature: _____

I hereby confirm that this student meets all immunization requirement.

Office Stamp: