Canadore Student Health Form Instructions

1. **Collect your immunization records**.
   For domestic students, you can obtain your vaccination records from your local public health unit: https://www.canada.ca/en/public-health/services/immunization-vaccines/vaccine-records-access-vaccination-history.html.
   Covid-19 vaccination records can be obtained here: https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/vaccines/vaccine-proof.html#a1
   For international students, collect any/all documentation you can find related to your vaccination history which will help streamline the process as much as possible.

2. **Book an appointment with your healthcare provider.**
   If you do not have access to a healthcare provider, you can receive service on campus through Canadian Shield Health Care Services by booking an appointment. To book, go to https://cshcs.inputhealth.com/ebooking#new or call the clinic at 705-923-2770.

3. **Present the Canadore Student Health Form and any immunization records to your healthcare provider at your first appointment.**
   Ask your healthcare provider to review the requirements with you.
   Determine if any requirements are missing and obtain those requirements.
   This may take several appointments and can take several weeks or months to complete. Once all the requirements have been met, ensure your healthcare provider documents your compliance and initials/signs the Health Form in all of the relevant locations.

4. **Submit your completed Health Form along with your other Non-Academic Requirements per instructions from your Faculty and/or Placement Coordinator.**
   For more information, see your program Non-Academic Requirements Package or visit the Placement website: https://www.canadorecollege.ca/programs/Placement/

****Remove this page when submitting your Health Form.***

Canadore Student Health Form

Student Name: _____ Date of Birth: _____ Student Number: _____

Health Care Provider Signature & Identification		
		Professional Identification Stamp:
Printed Name:		-
Signature:		
Initials:		
Designation:	☐ MD ☐RN (EC) ☐RN/RPN ☐PA	
Phone Number:	( ) -	

TETANUS/DIPHTHERIA PERTUSSIS (TDaP)

Primary Series and Booster given within the last 10 years (if needed)	Date
Primary Series 1st Dose	YYYY/MM/DD
Primary Series 2nd Dose	
Primary Series 3rd Dose	
Booster within the last 10 years (if 3rd dose was more than 10 years ago)	

MMR-Varicella Primary Series Vaccination: Two doses of live vaccine given 28 days or more apart, with the first dose after 12 months of age.

MMR – V Immunization	1st Dose Date	2nd Dose Date
Measles:	YYYY/MM/DD	YYYY/MM/DD
Mumps:		
Rubella:		
Varicella:		

- OR –

Serology/Lab evidence of Immunity Required only if above primary series is not available.

MMR-V Serology	Date	Blood Work Results (Please check one)		
Measles:	YYYY/MM/DD	☐ Immune	☐ Non-Immune	☐ Indeterminate
Mumps:		☐ Immune	☐ Non-Immune	☐ Indeterminate
Rubella:		☐ Immune	☐ Non-Immune	☐ Indeterminate
Varicella:		☐ Immune	☐ Non-Immune	☐ Indeterminate

Canadore Student Health Form

Student Name: _____ Date of Birth: _____ Student Number: _____

Required. Document your most recent Covid Vaccinations.

COVID-19 Immunization	Date	Manufacturer Information
Dose:	YYYY/MM/DD	-
Dose:		
Dose:		

Hepatitis B Primary Series Vaccination: Lab immunity results must be provided with vaccination series dates. (Lab results of immunity anti-bodies to HBsAb (AntiHBsAb over 10 IU/L = immune) will be completed one month after the primary vaccine series is complete). **Conditional pass acceptable after 2-dose primary series** (follow-up to completion still required thus shortening validity period of this document).

Primary Series Hepatitis B Immunization	Date
1st Dose	YYYY/MM/DD
2nd Dose	
3rd Dose	

- AND-

Hepatitis B (HBsAb) Serology	Date	Result (Please check one)	
	YYYY/MM/DD	☐ Immune	☐ Non-Immune

Hepatitis B Second Series Vaccination (if blood work is non-immune or indeterminate after primary series): 3 doses: 0, 1, and 6 months apart. **Conditional pass acceptable after 1 second-series dose** (follow-up to completion still required thus shortening validity period of this document).

	Date
1st Dose	YYYY/MM/DD
2nd Dose	
3rd Dose	

- AND-

Repeat Hepatitis B (HBsAb) Serology	Date	Result (Please check one)	
	YYYY/MM/DD	☐ Immune	☐ Non-Immune

Canadore Student Health Form

Student Name: _____ Date of Birth: _____ Student Number: _____

Tuberculosis TB Surveillance:

Baseline Two Step TB test is required for all students. TB skin tests are valid for 1 year. Each TB skin test is to be read 48 – 72 hours after planting. If you have previously completed a 2 step TB skin test, you will only be required to complete a 1 step test for this academic year. However, you must still provide dates of your previous 2 step test below.

SECTION A

TUBERCULOSIS SCREENING Baseline 2-Step Mantoux Test – mandatory	Date Administered	Date Read (48-72 hours from testing)	Results (Induration in mm)	HCP INITIALS
Baseline Step 1:	YYYY/MM/DD	YYYY/MM/DD		
Baseline Step 2:				
Annual 1-Step TB Skin Test (Valid only with proof of previous negative Baseline 2-Step Skin Test				

Chest X-Ray (Required only with a positive TB Skin Test. A Chest X Ray assessment completed more than 1 year old will need section C. completed in addition to Section B. (An Annual assessment from your HCP)

SECTION B

Chest X-Ray Date:	Chest X Ray Result	HCP Assessment	HCP INITIALS
YYYY/MM/DD	☐ Positive ☐ Negative	☐ No signs and symptoms of active TB ☐ Further assessment needed	

SECTION C To be completed if Chest X ray is more than 1 year old.

HCP Assessment Date:	HCP Assessment	HCP INITIALS
YYYY/MM/DD	☐ No signs and symptoms of active TB ☐ Further assessment needed	