

Campus Health



Communicable Disease Screening

100 College Drive, North Bay ON P1B 8K9

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*****Please Read This Page Carefully*****

Instructions:

- Please have your health care provider complete the medical section and sign/stamp this form
- Attach copies of immunization records and blood test results
- Check your specific program due date for submission
- Mail, fax or email (in **PDF** format only) your completed form to the Campus Health Centre
- There is a **\$35.00** annual administrative fee payable prior to issuing the clearance card

Before submitting forms, please confirm that the following have been completed:

- Section 1** is fully complete with all student information. Forms **will not be accepted** if this section is incomplete.
- Section 2** consent to share immunization status and consent to communicate electronically is signed
- Section 3** is filled out and signed by your health care provider
- Section 4** is completed & signed and immunization records and/or blood test results are attached

Frequently Asked Questions

Where do I find my Immunization records?

If you have an Ontario Health Card your immunization records can be obtained online at your local Health Unit Website or here: <https://nbpsdhu.icon.ehealthontario.ca/#!/welcome>

What if I don't have an Ontario Health Card or access to my previous immunization records?

A simple blood test can be done to determine if you need any vaccines. The Campus Health Centre can help you meet all the requirements to obtain your clinical clearance. Fill in Section 1 and 2 on the following page, and email it to us so we can create your file. Attach any relevant records you have, even if they are not complete.

What if I do not have a family doctor?

You can book an appointment with your local Public Health Unit's vaccine department. Make sure to bring this form with you.

Can this form be completed at the Campus Health Centre?

The Campus Health Centre can perform any immunizations or TB testing if you are studying locally.

- **For any other questions, please contact us at the above phone number.**

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Communicable Disease Screening Form
Campus Health Centre
705-474-7600 ext. 5261

Section 1 - Please Print Clearly

Name: _____ Health Card Number: _____

DOB (DD/MM/YY): _____ Gender on Health Card: Male Female

Phone Number: _____ Email: _____

Permanent Address: _____

School Program (i.e. ECE, BSCN, PSW, RPN, RT, DH etc.): _____

Student Number: _____ Canadore College Nipissing University

Check one:

- Form is complete and my records are attached
 International or domestic student, minimal or no records are available

*Complete only section 1 and 2 and email this page along with any immunization records you may have.

Section 2

CONSENT TO ELECTRONIC COMMUNICATION

The Campus Health Centre has offered to communicate using the following means of electronic communication services: Email, Telephone consultation, Video conferencing

Potential risks of using electronic communication.

The Campus Health Centre will use reasonable means to protect the security and confidentiality of information sent and received using the Services ("Services" is defined in the attached Consent to use electronic communications). However, because of some of the risks outlined below, the Physician/Campus Health Centre cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Physician or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Additional risks not listed

Please sign below if you consent to share immunization status with staff/faculty involved with your program placement.

Signature: _____ Date: _____

Please sign below if you have read the attached *Electronic Communications Policy* and consent to the use of electronic communication.

Signature: _____ Date: _____

Campus Health



Name: _____

Date of Birth _____

Section 3

Tuberculosis Skin Testing (TST)

- New students involved in community academic placement require documentation of a two-step.
- If a valid two step TST has been done greater than one year ago and documented on this form a recent one step TB test is required
- Do not give live virus vaccine with step one of TST
- If TST is positive, past or present **please have your physician also complete the section below:**

Positive TB Surveillance (circle one)

Discussed LTBI treatment?	Y	N
Reported to Public Health?	Y	N
New or prolonged cough?	Y	N
Hemoptysis?	Y	N
Unexplained weight loss?	Y	N
Night sweats or fever?	Y	N

Two Step TST:

Date given: _____

Date read: _____

Result: _____

Date given: _____

Date read: _____

Result: _____

Recent one-step TST if required:

Date given: _____

Date read: _____

Result: _____

If positive TST (past or present)

BCG vaccine: _____

Chest x-ray date: _____

Chest x-ray results: _____

Please attach chest x-ray

I have examined the above named student on: _____ (date) and find them clear of any signs or symptoms of active Tuberculosis.

Health Care Provider Information:

Completed by: _____

Signature: _____

Date: _____

Office Stamp:

Campus Health



Name: _____

Date of Birth _____

Section 4

Tetanus Diphtheria and Pertussis – Booster dose if 18 years of age or older is required

- According to the Ontario Hospital Association: “All adult (18 and older) health care workers, regardless of age, should receive a single dose of tetanus diphtheria acellular pertussis (Tdap/Adacel/Boostrix) for pertussis protection if not previously received in adulthood. **The adult dose is in addition to the routine adolescent booster dose... The interval between the last tetanus-diphtheria booster and the Tdap vaccine does not matter”.**
- **Students will not be eligible for placement without the booster**

Tdap
 Adacel
 Boostrix
Date: _____
Age: _____

Measles Mumps and Rubella

- Students must have either proof of two MMR vaccines at least 4 weeks apart
- OR**
- blood work indicating immunity to all three and results attached.

MMR #1: _____
MMR #2: _____
Titre results: _____
Date: _____

Varicella

- Students must have either proof of two Varicella vaccines at least 4 weeks apart
- OR**
- blood work indicating immunity to all three and results attached.

Varivax II Varilrix

Varicella #1: _____
Varicella #2: _____
Titre results: _____
Date: _____

Hepatitis B

- Students will need proof of the two dose or three dose series of Hepatitis B vaccine.
- Blood work confirming immunity is also required at least one month after the last dose of Hepatitis B vaccine.
- Student's can be temporarily cleared for placement with only two doses if the remainder of the form is complete.
- Hepatitis vaccine is not required for ECE students although highly recommended.

Hep B #1: _____
Hep B #2: _____
Hep B #3: _____
(if 3 dose series)
Titre results: _____
Date: _____
If not immune:
Booster #1: _____
Titre results: _____
Date: _____
If not immune:
Booster #2: _____
Booster #3: _____
Titre results: _____
Date: _____

Health Care Provider Information:

Completed by: _____

Office Stamp:

Signature: _____

Date: _____