

## Communicable Disease Screening 2021/2022

### Welcome new students!

Please have the attached form completed and sent in before June 1, 2021 to avoid any placement delays. Include copies of blood test results and immunization records. The Campus Health Centre will review your records annually and provide you with proof of clearance for academic placement. There is a \$35.00 administrative fee payable when you come in to pick up your clearance card. If you have any questions about this form call: 705-474-7600 ext. 5261.

Immunization records are available online with **Immunization Connect Ontario**, an application accessible from most Ontario Public Health Unit websites or directly from your local Public Health Unit. All documentation should be signed by a licensed health care professional. Immunizations and tuberculosis testing can be performed at the Campus Health Centre if necessary.

### Program Requirements for tuberculosis testing

Most students who will attend an academic placement outside the college or university must provide proof of one documented **two step TB test** (TST) performed at any time prior to clinical placement.

### Tuberculosis screening is required annually.

Students can complete annual screening for TB exposure at the Campus Health Centre or provide proof of a negative one step TST each year (must have prior two step). TST fees are covered by the Ontario Health Insurance Plan (OHIP) when required for school program placement.

### Before sending forms please confirm:

- Student information section is fully completed on page 1
- Consent is signed on page 2
- Immunization screening section is filled and signed by a health care provider
- Immunization records and blood test results are attached

#### Fax:

1-705-495-7909

#### Mail:

Attention: Campus Health Centre  
Canadore College/Nipissing University  
100 College Drive  
North Bay ON  
P1B 8K9

#### Email:

[campushealthcentre@canadorecollege.ca](mailto:campushealthcentre@canadorecollege.ca)

**\* email only if signed email Consent to use Electronic Communications form is also attached.**

**Communicable Disease Screening 2021/2022**

1. Please have your health care provider complete this form
2. Attach copies of immunization records and blood test results
3. Submit form and immunization records to the Campus Health Centre by June 1, 2021

Name: \_\_\_\_\_ DOB (DD/MM/YY): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Health Card: \_\_\_\_\_ Program (i.e. ECE, SSW, RPN, BSCN etc.): \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 Student #: \_\_\_\_\_ Gender indicated on health card: Male  Female   
 Email Address: \_\_\_\_\_

Tuberculosis Skin Testing (TST)	Two Step TB Test:	Recent One Step:
<p>New students involved in a community academic placement require documentation of a two-step TB test.</p> <p>If a valid two step has been done greater than one year ago and documented on this form a recent one step TST is sufficient.</p> <p style="background-color: yellow; text-align: center;"><b>*Do not give live vaccine (MMR or Varicella) with step 1 of 2 step TB test</b></p>	<p><b>Step 1.</b> Date given: _____            Induration (mm): _____            Date read: _____            Interpretation: _____</p> <p><b>Step 2.</b> Date given: _____            Induration (mm): _____            Date read: _____            Interpretation: _____</p>	<p>Date given: _____            Induration (mm): _____            Date read: _____            Interpretation: _____</p>

**If TB testing is positive or student has had a previous positive TB test:**

Date of Positive TB test: \_\_\_\_\_ Induration in mm: \_\_\_\_\_

History of BCG Vaccine?  Yes  No Date: \_\_\_\_\_

**Chest x-ray is required:**

Date of chest x-ray: \_\_\_\_\_ Results: \_\_\_\_\_

**If chest x-ray is abnormal 3 sputum samples are required:**

Sample #1 Date: \_\_\_\_\_ Smear Result: \_\_\_\_\_ Culture Result: \_\_\_\_\_

Sample #2 Date: \_\_\_\_\_ Smear Result: \_\_\_\_\_ Culture Result: \_\_\_\_\_

Sample #3 Date: \_\_\_\_\_ Smear Result: \_\_\_\_\_ Culture Result: \_\_\_\_\_

**Measles Mumps and Rubella**

- Proof of two MMR (Measles, Mumps & Rubella) vaccines (not one MMR and one Measles) or
- blood test indicating immunity **attach laboratory results** showing immune status
- Blood work results are not necessary if vaccine record includes two MMR vaccines.
- MMR vaccines must be given 4 weeks apart or 6 weeks apart if two Varicella vaccines are required and given at the same time.

MMR #1: \_\_\_\_\_ (date)

MMR #2: \_\_\_\_\_ (date)

**OR**

Titre Results: \_\_\_\_\_

Date of Titre: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<p><b>Tetanus, Diphtheria, and Pertussis Vaccine</b></p> <p style="text-align: center;"><b>*Booster required if last Tdap was before age 18*</b></p> <p>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) <u>for pertussis protection</u> if not previously received in adulthood. <b>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</b>".</p>	<p>Last Tdap/Adacel/Boostrix:</p> <p>_____ (date) _____ (age)</p> <p><input type="checkbox"/> Tdap   <input type="checkbox"/> Adacel   <input type="checkbox"/> Boostrix</p> <p style="text-align: center;">(please check one)</p>
<p><b>Varicella (Chicken Pox)</b></p> <p>You will need <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• Proof of two doses of the Varicella vaccine minimum 6 weeks apart</li> <li style="text-align: center;"><b>OR</b></li> <li>• Blood work results indicating immunity <b>(please include copy of lab results)</b></li> </ul>	<p>Varivax #1: _____ (date)</p> <p>Varivax #2: _____ (date)</p> <p style="text-align: center;"><b>OR</b></p> <p>Titre Results: _____</p> <p>Date of Titre: _____</p>
<p><b>Hepatitis B</b></p> <p><u>Hepatitis B Immunity is required for the following programs:</u> BScN, Practical Nursing, Personal Support Worker, Community and Justice Services, Dental Hygiene, Mental Health and Addiction Worker and Respiratory Therapy, Physiotherapist Assistant and Occupational Therapist Assistant.</p> <p>You 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. Two Hepatitis vaccines (Engerix B, Twinrix, or Recombivax) are required before a student can be cleared for placement.</p> <p><b>*NOTE: Any student who has a hospital placement should have Hepatitis vaccination and proof of immunity.</b></p>	<p>Hepatitis B #1: _____ (date)</p> <p>Hepatitis B #2: _____ (date)</p> <p>Hepatitis B #3: _____ (date If three dose series)</p> <p>Titre Results: _____</p> <p>Date of Titre: _____</p> <p>Booster if required: _____ (date)</p> <p style="text-align: center;"><b>(please include copy of lab results)</b></p>

Consent:

I, \_\_\_\_\_ (name of student),  
consent to release my immunization status to my program  
placement coordinator if required.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE FILLED OUT BY A HEALTH CARE PROVIDER:**

Completed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address and telephone or office stamp:

\_\_\_\_\_  
\_\_\_\_\_