

Immunization and Communicable Disease Form

Student Information

Given Name: _____ **Student ID:** _____

Preferred Name: _____ **Phone Number:** _____

Email: _____ **Date of Birth:** _____

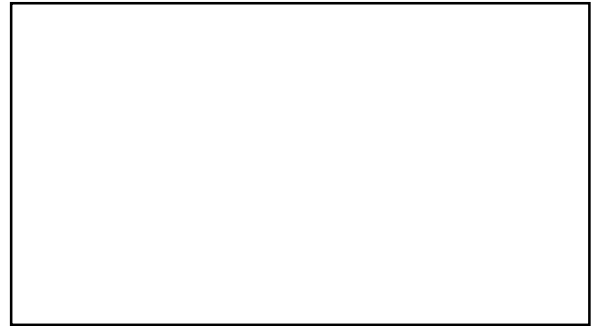
To be completed by Health Care Provider:

Health Care Provider Signature and Office Stamp

Name: _____

Signature: _____

Date (dd/mm/yy): _____



Office Stamp

Important: Serology for MMR, Varicella, and Hep B (anti-HBs/HBsAB) must be submitted with this form to Synergy for clearance.

Tuberculosis: The student must provide proof of a two-step Tuberculosis Mantoux skin test. If there is a record of a two-step TB skin test in the past, dates and results must be recorded and followed up with a one-step TB skin test.

** If live vaccines are required, please ensure Tuberculosis testing is completed before beginning any vaccine series.

**If the TB test can't be completed before the start of the semester, on-campus TB clinics will be available for students to book through Marketplace with the TFSON Simulation HUB.

Two-Step Tuberculosis Skin Test

Step 1: Date Given (dd/mm/yy): _____

Date Read (dd/mm/yy): _____ **Result:** _____ mm

Step 2: Date Given (dd/mm/yy): _____

Date Read (dd/mm/yy): _____ **Result:** _____ mm

One-Step Tuberculosis Skin Test

Step 1: Date Given (dd/mm/yy): _____

Date Read (dd/mm/yy): _____ **Result:** _____ mm

Students with a positive skin test (10mm or more in duration) must have a chest x-ray. **A copy of the chest x-ray must be attached.**

Date of x-ray (dd/mm/yy): _____ **Result:** _____

Immunization and Communicable Disease Form

Mumps, Measles, Rubella (MMR): Serology for MMR is required. Results must be documented below, and a copy of bloodwork results must be submitted.

Date bloodwork completed: (dd/mm/yy): _____

Mumps Immunity: ☐ Yes ☐ No **Measles Immunity:** ☐ Yes ☐ No **Rubella Immunity:** ☐ Yes ☐ No

If not immune to all three diseases (Mumps, Measles, and Rubella), two vaccination dates must be provided. One must be a booster dose post-bloodwork.

If records for past MMR immunizations are not available, two doses are required post-bloodwork.

If one of Measles, Mumps, or Rubella are indeterminate or non-reactive, only one booster is required post-bloodwork.

MMR Dose 1 (dd/mm/yy): _____ **MMR Dose 2 (dd/mm/yy):** _____

Varicella: Serology for Varicella is required. The student must show proof of two doses of Varicella vaccinations completed at least one month apart or serology results for Varicella showing immunity.

Dose 1 (dd/mm/yy): _____ **Dose 2 (dd/mm/yy):** _____

Date blood work completed (dd/mm/yy): _____ **Varicella Immunity:** ☐ Yes ☐ No

If blood work results were non-immune or indeterminate, please provide two Varicella vaccination dates below. One of these vaccinations must be a booster dose (vaccination given post-blood work).

Dose 1 (dd/mm/yy): _____ **Dose 2 (dd/mm/yy):** _____

Tetanus/Diphtheria (Td) and Polio: Completion of the primary series is required with a booster if more than 10 years. If the student has not completed the primary series, three doses are required.

Primary Series Completed: ☐ Yes ☐ No

Booster completed (dd/mm/yy): _____

If primary series dates are unavailable or if records are incomplete, then unimmunized adult series must be given for Tetanus and Polio. Please show proof that you have started the series below.

Dose 1 (dd/mm/yy): _____ **Dose 2 (dd/mm/yy):** _____

Dose 3 (dd/mm/yy): _____

Immunization and Communicable Disease Form

Hepatitis B Bloodwork: Serology for Hepatitis B (anti-HBs/HBsAB) is required.

Previous Hepatitis B Vaccinations:

Hepatitis B Dose 1 (dd/mm/yy): _____ **Hepatitis B Dose 2 (dd/mm/yy):** _____

Hepatitis B Dose 3 (dd/mm/yy): _____

Date blood work completed (dd/mm/yy): _____

Hepatitis B Immunity: ☐ Yes ☐ No

If non-immune to Hepatitis B, a booster dose or a completed second series of vaccinations may be required. Bloodwork results post booster, or second series must be enclosed and can be done one month after the final dose.

Hepatitis B Dose 1/booster (dd/mm/yy): _____

Hepatitis B Dose 2 (dd/mm/yy): _____

Hepatitis B Dose 3 (dd/mm/yy): _____

Date of repeat blood work (dd/mm/yy): _____

Hepatitis B Immunity: ☐ Yes ☐ No

After having received a second series of Hepatitis B vaccine and having post-vaccination blood work, the student still does not show immunity and is a non-responder, therefore, will not require further immunizations.

COVID-19 Vaccine: Proof of two COVID-19 vaccinations must be documented below. **A copy of your government-issued vaccine certificate must also be submitted.**

Dose 1 (dd/mm/yy): _____ **Manufacturer:** _____

Dose 2 (dd/mm/yy): _____ **Manufacturer:** _____

Reminder: Serology for MMR, Varicella, and Hep B (anti-HBs/HBsAB) must be submitted with this form to Synergy for clearance.