Communicable Disease Screening 2016/2017

Welcome new students!

Having the attached form completed and sent in before the start of your school year can prevent delays attending your placement. The Campus Health Centre will review your records annually and give you a card for your placement if/when complete. There is a $20.00 administrative fee for this payable when you pick up your card each year. If you have any questions we can be reached at 705-474-7600 ext. 5261

Please fax forms to:

1-705-495-7909

Or mail them to:

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

Immunization records are normally available from your local Public Health Unit. All documentation should be signed by a licensed health care professional. If you are missing any immunizations or need TB testing you can have it completed at the Campus Health Centre.

Program Requirements for Tuberculosis Testing

Most students who will attend academic placement outside the college are required to have at least one documented two step TB test prior to clinical placement. TB testing is valid for one year following a negative test result.

Tuberculosis screening is required annually however annual TB testing is no longer necessary. Students can either complete a health questionnaire at the Campus Health Centre **or** provide proof of a negative TB test yearly. TB testing is not covered by provincial health programs The Campus Health Centre charges $35.00 for each TB test (i.e. a two-step TB test would be $70.00).

CANADORE college NIPISSING UNIVERSITY

COMMUNICABLE DISEASE SCREENING FORM

Please have your health care provider complete this form.

It should be **faxed to 705-495-7909** or mailed to the Campus Health Centre 4 weeks before the start of your program.

Name: _____ DOB (DD/MM/YY): _____ Phone: _____

Health Card: _____ Program (i.e. ECE, SSW, RPN, BSCN etc.): _____

Permanent Address: _____

_____Student #: _____ Male ☐ Female ☐

Tuberculosis Skin Testing (TST)	**Two Step TB Test:**	**Recent One Step:**
New students involved in a community academic placement require documentation of a two-step TB test. 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. Do not give live vaccine with step 1 of 2 step TB test	**Step 1**. Date given: _____ Induration (mm): _____ Date read: _____ Interpretation: _____ **Step 2**. Date given: _____ Induration (mm): _____ Date read: _____ Interpretation: _____	Date given: _____ Induration (mm): _____ Date read: _____ Interpretation: _____

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 #2 Date: _____ Smear Result: _____ Culture Result: _____

Measles Mumps and Rubella	MMR #1:_____ (date) MMR #2:_____ (date) **OR** Titre Results: _____ Date of Titre: _____
Proof of two MMR (Measles, Mumps & Rubella) vaccines (not one MMR and one Measles) **or** blood test indicating immunity. Record the date of vaccine **or attach laboratory results** showing immune status if vaccine history is unavailable. Blood work results are not necessary if vaccine record includes two **MMR** vaccines.	

Name: _____ Date: _____

Tetanus, Diphtheria, and Pertussis Vaccine 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".	Last Tdap/Adacel/Boostrix: _____ _____ (date) (age) ☐ Tdap ☐ Adacel ☐ Boostrix (please check one)
Varicella (Chicken Pox) You will need **ONE** of the following: • Proof of two doses of the Varicella vaccine **OR** • Blood work results indicating immunity **(please include copy of lab results)**	Varivax #1: _____ (date) Varivax #2: _____ (date) **OR** Titre Results: _____ Date of Titre: _____
Hepatitis B Hepatitis B Immunity is only required by the following programs: 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. 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. ***NOTE: Any student who has a hospital placement should have Hepatitis vaccination and proof of immunity.**	Hepatitis B #1:_____ (date) Hepatitis B #2:_____ (date) Hepatitis B #3:_____ (date If three dose series) Titre Results: _____ Date of Titre: _____ Booster if required:_____ (date) **(please include copy of lab results)**

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:

_____

_____