CMTN School of Health Sciences Immunization Self-Reporting Form

As future healthcare or human service professionals, students should be protected against vaccine-preventable diseases. Up-to-date immunizations greatly reduce the risk of diseases. Immunizations will not only safeguard your health but can also protect individuals with whom you will work. **It is highly recommended that all students maintain current immunizations as per the Practice Education Guidelines of B.C. Recommended Immunizations.**

Coast Mountain College (CMTN) collects your personal information in accordance with section 26 of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.B.C. 1996, c.165 for the purpose of compliance with BC Student Practice Education requirements for practicum placement, to process your practicum placement, and for quality assurance and improvement purposes. If you have any questions about the processing of your personal information, please contact our support staff at **HealthCoordinators@coastmountaincollege.ca**

SPECIFIC REQUIREMENTS FOR VACCINE PREVENTABLE DISEASES

General Overview

Immune status reporting for healthcare workers in BC

- BCCDC – Healthcare Workers
- Health Gateway
- Diseases & Vaccines
  - Diphtheria/Tetanus (Td)/Pertussis
  - Tetanus-diphtheria-pertussis (TdaP)
  - Poliomyelitis (IPV) (polio)
  - Measles, Mumps, Rubella (MMR)
  - Varicella Vaccination (chickenpox)
  - Hepatitis B (HB or Hep B)
  - COVID-19

TO COMPLETE THIS FORM

1. To obtain your immunization record, please visit **www.healthgateway.gov.bc.ca** or contact your primary care provider or Public Health Unit.

2. Fill out the form completely listing all your immunizations and corresponding details.

3. Please make sure you retain access to your own immunization records. In the event of an outbreak at a facility, you will be responsible for providing documentation of your immunity Failure to self-report will affect continuation in the program and clinical placement. This form must be completed upon entry into the program; if you are unable to do so, please contact your program coordinator.

4. Students are responsible for any costs that are incurred in obtaining these requirements. Be sure to identify yourself as a Coast Mountain College School of Health Sciences student.

5. By completing and signing this form, you confirm that the information provided is accurate and complete to the best of your knowledge. Providing false, misleading, or incomplete information may constitute a breach of the Coast Mountain College academic integrity expectations and the professional and ethical standards established by the British Columbia College of Nurses and Midwives.

coast mountain college

CMTN Student ID:	Legal Last Name:	Legal First Name:
Program Name:		

PLEASE write all dates in YYYY/MM/DD format.

TETANUS/DIPHTHERIA/PERTUSSIS	POLIO CHILDHOOD PRIMARY SERIES
☐ Tetanus/Diphtheria/Pertussis Date of last dose: ☐ Tetanus/Diphtheria Date of last dose:	☐ Completed Date of last dose: **OR** ☐ In progress Date of last dose:
MEASLES, MUMPS, AND RUBELLA	**VARICELLA (CHICKENPOX)** Adult Primary Series of 2 doses required.
☐ In progress **OR** ☐ Date of dose #1: ☐ Date of dose #2: **OR** ☐ Laboratory confirmed immunity (titres) Date (YYYY/MM/DD): Result: Select	☐ In progress **OR** ☐ Date of does #1: ☐ Date of dose #2: **OR** ☐ Chickenpox in childhood Year: **OR** ☐ Laboratory confirmed immunity (titres) Date (YYYY/MM/DD): Result: Select
HEPATITIS B	**Covid-19**
☐ In progress **OR** ☐ Serology results: Select Date: **AND** ☐ Childhood or adult series Date of dose #1: Date of dose #2: Date of dose #3: (if required based on product)	☐ In progress **OR** ☐ Date of dose #1: Vaccine type: Select ☐ Date of dose #2: Vaccine type: Select ☐ Date of dose #3: Vaccine type: Select

TUBERCULOSIS

☐ Tuberculin skin test within 6 months of semester of admission.
Date given: Date read:
Result negative (size in mm):

OR

☐ Result positive **(If positive, provide result of chest x-ray once completed.)**

OR

☐ Previous positive Tuberculin skin test. **Provide result of chest x-ray once completed**

I have read and understand the Immunization Guidelines for Healthcare Workers and certify that this information is accurate and up to date upon compliance.

Student signature: **Date signed**:

coast mountain college

Vaccine Type	Expectation
Tetanus and Diphtheria	Every 10 years.
Pertussis	Proof of vaccine (if not been previously immunized or immunization history is unknown), or proof of 1 booster dose (if immunized as a child).
Polio	Proof of primary series of vaccines as a child. Those at risk of exposure to human feces require a booster 10 years after completion of primary series.
Measles	Proof of 2 doses of vaccine or laboratory-evidence of immunity or laboratory-confirmed proof of measles in the past. Those who do not have proof of vaccine, laboratory-evidence of immunity, or confirmed proof of measles in the past need proof of receiving up to 2 doses of vaccine.
Mumps	Proof of acute case of mumps diagnosed by a physician with lab confirmation of acute disease, or for those born between 1957 and 1969 (inclusive), 1 dose of live mumps-containing immunization, or for those born on or after January 1, 1970, 2 doses of live mumps-containing immunization given at least 4 weeks apart on or after the first birthday. Those who do not have proof of vaccine, laboratory-evidence of immunity, or confirmed proof or mumps in the past need proof of receiving up to 2 doses of vaccine given.
Rubella	Proof of 1 dose of vaccine or laboratory-confirmed proof of rubella in the past. Those who do not have proof of vaccine, laboratory-evidence of immunity, or confirmed proof in the past need proof of receiving up to 2 doses of vaccine.
Varicella (chickenpox)	Proof of immunity by completion of age-appropriate vaccine series, or laboratory confirmed varicella or herpes zoster after 12 months of age, or self-reported history of varicella or doctor diagnosed varicella if occurred before 2004. All who do not have proof of vaccine, laboratory-confirmed varicella, or herpes zoster after 12 months of age, or self-reported history of varicella or doctor diagnosed varicella occurring before 2004 need proof of 2 doses of vaccine given.
Hepatitis B	Hepatitis B vaccination is recommended and provided free by employers for healthcare workers who may be exposed to blood or body fluids, or who may be at increased risk of sharps injury, bites, or other penetrating injuries. Individuals are considered immune if they have completed a series of hepatitis B vaccine plus one documented laboratory test that shows they have developed sufficient antibodies. Laboratory testing for anti-HBs in the absence of a documented complete vaccine series is not acceptable proof of immunity. Consult your healthcare provider for further testing if series is complete, but serology is less then 10 IU/L. For more information regarding adequate proof of vaccination history, see Part 1 – Immunization Schedules, Consideration of Immunization History. For specific recommendations on post-vaccination serological testing, see BC Communicable Disease Control Manual, Chapter 1, Hepatitis B.
Tuberculosis	Tuberculosis (TB) screening is indicated for employees, students, and volunteers in some workplace settings, including in nursing. **Tuberculin Skin Test (TST):** The TST is used to detect infection with TB bacteria. The TST cannot differentiate between TB infection and TB disease. The test consists of an intra-dermal injection of purified protein derivative (PPD) from M. tuberculosis bacteria (PPD, also known as tuberculin). People infected with TB bacteria usually respond to tuberculin with a delayed hypersensitivity reaction that manifests as a discrete area of swelling and firmness (induration) at the site of the injection. Refer to Appendix A of the BC Communicable Disease Control Manual, Chapter 4, Tuberculosis for an overview of the TST procedure, including contraindications, precautions, limitations, administration, and how to read. Refer to Section 4(b) TB Screening DST for details on TST indications and TST results. The interpretation of TST results is completed by TBS. Not all positive TST results indicate treatment for TB infection, and not all negative TST results indicate an absence of TB infection. Chest x-rays (CXR) are used to detect radiographic abnormalities consistent with prior or current TB disease. Chest x-ray referral involves the healthcare provider instructing their client to take a completed TB Screening Form (page 2, with sections of medical history blacked out) to their local radiology department.

CMTN School of Health Sciences Immunization Waiver Form

Failure to comply with immunization guidelines could result in the practicum site or Coast Mountain College barring the student from the clinical/practicum setting until proof of immunity is provided and/or until a communicable disease outbreak is declared over. This could impact a student's ability to successfully complete the clinical placement/practicum/community rotation portion of the program.

ONLY COMPLETE THIS PAGE IF YOU ARE CHOOSING NOT TO COMPLY WITH ONE OR MORE VACCINATION REQUIREMENTS.

Vaccinations I choose not to have:

- ☐ Varicella Vaccination (VZ) (Chickenpox)
- ☐ Measles, Mumps & Rubella (MMR)
- ☐ Diphtheria/Tetanus (TD), Pertussis
- ☐ Tetanus-diphtheria-pertussis (TdaP)
- ☐ Poliomyelitis (IPV) (Polio)
- ☐ Hepatitis B (HB or Hep B)
- ☐ COVID-19

I have read and understand the Immunization Guidelines for Healthcare Workers and the results of failure to comply; however I have chosen not to comply.

Student signature:

Date signed:

coast mountain college