

STUDENT PLACEMENT: IMMUNIZATION REQUIREMENTS

To protect yourself, your clients or patients, and your colleagues, your program of study requires that you meet the following requirements. Carefully review these instructions and provide all supporting documents by [your program deadline](#) (scroll down to “Program requirements and deadlines”).

1. General instructions

1. We don't offer exemptions to student placement requirements requested for philosophical reasons. We may offer **medical** exemptions.
2. Documents accepted as proof of immunization include provincial immunization records, documentation signed by a health-care professional (nurse, nurse practitioner or physician) or laboratory evidence (serological report).
3. As specified in the Canadian Immunization Guide (Evergreen Edition), “Children and adults lacking adequate documentation of immunization should be considered unimmunized and started on an immunization schedule appropriate for their age and risk factors (unless known to be immune by serologic testing).”

2. Requirements for all programs

Tetanus/Diphtheria

- Proof of a childhood immunization record or adult primary series (at least three doses).
- Proof of a booster received within the previous 10 years.

Tetanus / Diphtheria / Acellular Pertussis — adult (Tdap)

- One dose of the Tdap vaccine is **mandatory** after the age of 18, regardless of the date of your last vaccination, as per [NACI guidelines](#).

Polio

- Proof of a childhood immunization record or adult primary series (at least 3 doses).

Tuberculosis

- Proof of a baseline two-step tuberculin skin test (TST), in addition to a yearly one-step TST.
- Students with a history of a positive TST must provide a chest X-ray report completed after the positive TST. Future TSTs are not required but students must complete the [Tuberculosis Signs and Symptoms Self-Declaration form](#) every year.
- A TST is recommended within three months of returning from travel to any endemic area.
- An interferon-gamma releases assay (IGRA), either QuantiFERON or T-SPOT-TB, performed within the year, is accepted in place of an annual, one-step TST.

Varicella

- Proof of two vaccine doses **OR** laboratory evidence of immunity.
- Vaccination series (if laboratory results show no immunity).

MMR

- Measles: proof of two vaccine doses **OR** laboratory evidence of immunity.
- Mumps: proof of two vaccine doses **OR** laboratory evidence of immunity.
- Rubella: proof of one vaccine dose **OR** laboratory evidence of immunity.
- Vaccination series (if laboratory results show no immunity).

Hepatitis B

- Documented evidence of a complete primary series of hepatitis B immunization.
- Serology for hepatitis B surface antibody (anti-HBs titer) **AND** hepatitis B surface antigen (HBsAg).
- Booster(s) required if hepatitis B surface antibody (anti-HBs titer) is negative.
- Post-vaccination hepatitis B surface antibody serology (anti-HBs titer) is mandatory one month later.

Influenza

- Documented evidence of seasonal flu vaccine for the academic year.

COVID-19

- Documented evidence of full vaccination against COVID-19.
- Attach proof of official vaccine receipts for each individual dose.

To check for other program-specific requirements, see the requirements for practical learning activities.

Email this form to your student placement and experiential learning requirements management adviser at the Faculty of Health Sciences.



STUDENT PLACEMENT: IMMUNIZATION REQUIREMENTS

Last name:		First name:	
Date of birth (yyyy/mm/dd):		Telephone:	
Email:		Year of admission:	Student number:

Program	Nursing	Rehabilitation Sciences	Food and Nutrition Sciences	Human Kinetics
	<input type="checkbox"/> Generic program (select campus): <input type="checkbox"/> Ottawa <input type="checkbox"/> Woodroffe <input type="checkbox"/> Pembroke <input type="checkbox"/> Bridging <input type="checkbox"/> Second Entry <input type="checkbox"/> Graduate MScN <input type="checkbox"/> Diploma in PHCNP	<input type="checkbox"/> Audiology <input type="checkbox"/> Speech Language Pathology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>

Health-care professional (HCP) information

Every HCP who completes any part of this form must complete this section. The HCP's initials attest that the HCP has either provided the service or reviewed the student's properly documented records. If more than three HCPs are involved in completing this form, print a second copy of this page.

HCP #1		Medical clinic stamp:
Name:	Initials:	
Address:		
Tel.:	Profession:	
Signature:	Date:	
HCP #2		Medical clinic stamp:
Name:	Initials:	
Address:		
Tel.:	Profession:	
Signature:	Date:	
HCP #3		Medical clinic stamp:
Name:	Initials:	
Address:		
Tel.:	Profession:	
Signature:	Date:	

1. Pertussis (whooping cough)

Provide documentation for a one-time, acellular pertussis containing immunization (Tdap or Tdap-polio) administered at age 18 or older.

Date (yyyy-mm-dd)	Type of vaccine used	Age at which administered	HCP initials

2. Tetanus, diphtheria, and polio

Provide documentation for the last three tetanus/diphtheria and polio immunizations (minimum one month between first two doses of a series; minimum five months between last two doses; last tetanus/diphtheria immunization must be within the last 10 years).

	Tetanus/Diphtheria	Polio	HCP initials
Vaccine 1 date (yyyy-mm-dd)			
Vaccine 2 date (yyyy-mm-dd)			
Vaccine 3 date (yyyy-mm-dd)			

3. Measles, mumps, rubella and varicella

Two documented doses of MMR and varicella vaccines or positive serology for antibodies (IgG) — attach serology reports. *Post-immunization serology testing for measles, mumps, rubella or varicella is **not** necessary if proof of vaccination is provided.*

	Measles	Mumps	Rubella	Varicella	HCP initials
Vaccine 1 date (yyyy-mm-dd)					
Vaccine 2 date (yyyy-mm-dd)					

If the student cannot provide a complete record of measles, mumps, rubella or varicella immunizations, serology must be tested. **ATTACH A COPY OF THE SEROLOGY REPORT(S).**

	Test date (yyyy-mm-dd)	Results (Immune / Not immune)	HCP initials
Measles IgG			
Mumps IgG			
Rubella IgG			
Varicella IgG			

4. Tuberculosis (TB)

4a. TB history

Documented positive tuberculin skin test (TST) (test result to be documented in the table below), clear history of blistering TST reaction (attach record), and/or positive interferon gamma release assay (IGRA) test (attach report).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous diagnosis and/or treatment for TB disease or TB infection	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer is **NO** to **both** questions, complete **section 4b**.
 If the answer is **YES** to **either** of these two questions, complete **section 4c**.

4b. Tuberculin skin test (TST)

Interpretation of results must be done according to the [Canadian Tuberculosis Standards](#).

Initial 2-step TST: If the answer was **NO** to both of the above questions (**Section 4a**), documentation of a two-step TST is required (two separate tests, ideally seven to 28 days apart, although they can be up to 12 months apart). There must be 48 to 72 hours between implantation and reading.

	Date administered (yyyy-mm-dd)	Date read (yyyy-mm-dd)	Induration (mm)	Interpretation (negative/positive)	HCP initials
TST: Step 1					
TST: Step 2					

Annual one-step TST:

If the two-step TST was done over 12 months ago, the student requires a single TST.

	Date administered (yyyy-mm-dd)	Date read (yyyy-mm-dd)	Induration (mm)	Interpretation (negative/positive)	HCP initials
TST					

4c. Documented positive TB skin test: If the answer was **YES** to either of the above two questions, the student must provide documentation for the positive TST and complete a [Tuberculosis Signs and Symptoms Self-Declaration form](#).

	Date administered (yyyy-mm-dd)	Date read (yyyy-mm-dd)	Induration (mm)	Interpretation (negative / positive)	HCP initials
Positive TST					

Students with a history of a positive TST must provide a chest X-ray report completed after the positive TST. Future TSTs are not required.

CHEST X-RAY REPORT MUST BE ATTACHED.

	Date obtained (yyyy-mm-dd)	Result	Report attached	HCP initials
Chest X-ray		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If any abnormalities of the lung or pleura are noted on the chest X-ray report, the MD or NP must attach a letter explaining the findings.

5. Hepatitis B

	Date (yyyy-mm-dd)	Type of vaccine	HCP initials
Vaccine 1			
Vaccine 2			
Vaccine 3 (if required)			
Vaccine 4 (if required)			
Vaccine 5 (if required)			
Vaccine 6 (if required)			

** If information on the name of the vaccine given is no longer available, just document the date of the immunization.*

Each student MUST complete serology testing for the antibody to hepatitis B surface antigen (anti-HBs) AS WELL AS the hepatitis B surface antigen (HBsAg). ATTACH A COPY OF THE SEROLOGY REPORTS.

	Date (yyyy-mm-dd)	Laboratory result	Interpretation (immune / not immune)	HCP initials
Anti-HBs				

	Date (yyyy-mm-dd)	Laboratory result	HCP initials
Surface antigen (HBsAg)			

6. Influenza

Seasonal influenza immunization is **mandatory**.

	Date (yyyy-mm-dd)	HCP initials
Influenza vaccine		

7. COVID-19

Documented evidence of full vaccination against COVID-19 is required. **ATTACH OFFICIAL VACCINATION RECORDS.**

	Date (yyyy-mm-dd)	Vaccine name	HCP initials
Vaccine 1			
Vaccine 2			
Vaccine 3 (if received)			

Email this form to your student placement and experiential learning requirements management adviser at the Faculty of Health Sciences.