

MEMORANDUM

To: Students Applying programs in the Faculty of Dentistry and
School of Dental Hygiene

From: Dr. Blaine Cleghorn
Assistant Dean, Clinics & Building Services

Re: Immunization/CPR Requirements

The Faculty of Dentistry is committed to protecting and maintaining the rights of patients and health care workers and the integrity of the educational process of dental professionals. All programs in the Faculty of Dentistry and the School of Dental Hygiene require students to provide direct patient care. A Policy on Students and Student Applicants with Infectious Diseases has been implemented. A copy can be viewed on the Faculty of Dentistry website (www.dentistry.dal.ca).

Acceptance into all programs within the Faculty of Dentistry and the School of Dental Hygiene is conditional upon receipt of a completed Immunization/CPR Record, indicating compliance with the Faculty of Dentistry Policy on Students and Student Applicants with Infectious Diseases. First year students are expected to have this requirement completed prior to entering Faculty of Dentistry and School of Dental Hygiene programs.

The Immunization/CPR Record must provide evidence of the following completed immunizations and demonstrated immunity.

DOCUMENTED TESTS AND IMMUNIZATIONS

1. Tetanus / Diphtheria / Pertussis (Td/Tdap)
Document most recent dose of diphtheria/tetanus (Td) or diphtheria-tetanus-acellular pertussis (Tdap) within the last 10 years.
2. Polio (IPV)
Document last dose of primary course of poliovirus vaccine. Adults (>18 years) who have completed the primary series of IPV or OPV do not require a booster.

3. German Measles (Rubella)
Document 2 doses of vaccine after age 12 months or antibody titre results (blood test) indicating immunity.
4. Measles (Rubeola)
Document 2 doses of vaccine after age 12 months or antibody titre results (blood test) indicating immunity.
5. Mumps
Document 2 doses of vaccine after age 12 months or antibody titre results (blood test) indicating immunity.
6. Varicella (Chicken Pox)
Document 2 doses of the vaccine or a self-reported history of the disease. If you are unsure of whether or not you have had varicella, you may submit antibody titre results (blood test) documenting immunity.
7. Hepatitis B or A/B
Note: The Hepatitis B or A/B series takes 4 to 6 months to complete. If you have not had the vaccine, you should begin the process immediately to comply with this requirement.

Document 3 doses of the vaccine **and** antibody titre results (blood test) indicating immunity.

If post-HB vaccination antibody test results have not been completed at the time of acceptance, at a minimum, the applicant must provide blood test results demonstrating an absence of, or a HB viral load $< 10^3$ genome equivalents/ml for acceptance into the program.

Any student who has not developed immunity must sign a waiver agreeing to serological testing and receive further immunizations as appropriate.

Applicants whose immunization results indicate that they are HBsAg positive and have a viral load $>10^3$ genome equivalents/ml will not be accepted into the program. Dalhousie University will reassess eligibility for admission should the applicant's status change.

Students who become HBeAg positive or those whose viral load exceeds 10^3 genome equivalents/ml during the course of their studies will be removed from patient care activities. Such modification of the clinical program could prevent a student from meeting graduation requirements.

8. PPD (Tuberculosis Screening)
The Faculty Dentistry will provide this test to students, during the first week of study.

Students, who choose to receive the test on their own, must provide documentation of the 2-step Mantoux test. This test involves placement of a purified protein derivative (PPD) to test for tuberculosis. It must be read 48-72 hours after placement and the area of induration recorded.

A second PPD test is required 2 weeks after the first test.

Students, who have had a positive Mantoux test, must include a copy of the results of the follow-up chest x-ray.

9. Influenza

Document proof of most recent annual influenza inoculation.

10. CPR/AED Certification

A copy of certification in CPR (Level C) including the use of an Automatic External Defibrillator, must accompany the Immunization/CPR Record. Certification is valid if obtained within the past 12 months.

PROCESS REQUIRED TO OBTAIN DOCUMENTATION

- Print copies of the Faculty of Dentistry Immunization/CPR Record. Forms are available on the Faculty of Dentistry website.
- Take the Immunization/CPR Record, to your health care provider to complete. A health care provider is defined as a physician, nurse practitioner, physician's assistant, and registered nurse.
- If the information is coming from multiple providers, use a separate Immunization/CPR Record for each provider.
- Some students may have difficulty finding their medical records; in these cases, an antibody titre (blood test) must be drawn to document immunity.
- Log in to DalDentX and enter the data from the completed Immunization/CPR Record.
- Do not forward your completed Immunization/CPR Record until you have received notification of your acceptance into one of the Faculty of Dentistry programs.
- Submitting the Immunization/CPR Record does not indicate that you are in compliance with the requirements. A review and verification of the Immunization/CPR Record will be conducted and students will be advised of deficiencies.

Note: The cost of immunizations and tests are the sole responsibility of the applicant

Last Name		First Name		Middle Initial
Banner ID #		Birth Date (DD/MM/YY)		Phone
Mailing Address				Email
Degree, Program or Position (Check One)				
<input type="checkbox"/> Bachelor of Dental Hygiene (BDH)		<input type="checkbox"/> Qualifying Program Dentistry (QP)		
<input type="checkbox"/> Undergraduate Program Dental Hygiene (DH)		<input type="checkbox"/> Graduate Program Dentistry		
<input type="checkbox"/> Doctor in Dental Surgery (DDS)		<input type="checkbox"/> Other _____		

This section to be completed and signed by your physician:

Required Immunization	Dates Immunization Received (DD/MM/YY)			Antibody Titre Results* or Laboratory Diagnosed History of Disease	
				Date	Results
Tetanus, diphtheria, pertussis (Td/Tdap) 1 dose within past 10 years	Dose 1				
Polio (IPV) Primary Course	Dose 1				
German Measles (Rubella) 2 doses after age 12 months	Dose 1	Dose 2			
Measles (Rubeola) 2 doses after age 12 months	Dose 1	Dose 2			
Mumps 2 doses after age 12 months	Dose 1	Dose 2			
Varicella (Chicken Pox) 2 doses	Dose 1	Dose 2			
Hepatitis B or A/B Series of 3 doses*	Dose 1	Dose 2	Dose 3		
Hepatitis B Surface Antigen (HbsAg) Required if vaccine not complete					
Hepatitis B Antibodies Mandatory					

* Copies of antibody titre results must accompany this form.

Physician Signature: _____

Date: _____

Immunization / Screening Administered by Dalhousie University		
PPD (Tuberculosis Screening) 2-Step Mantoux	Step 1	Induration
	Step 2	Induration
If there is a documented prior positive TST, previous treatment for active TB, or previous treatment for latent TB, a TST is not required. Medical evaluation and a chest X-ray within 1 year are required.		
Date of Chest X-ray: ___ / ___ / ___. Please attach copies of chest X-ray report. DD MM YY		

Influenza			
Year 1	Year 2	Year 3	Year 4

CPR / AED Certification (Annual renewal is recommended). Copy of certification must accompany this form.			
Year 1	Year 2	Year 3	Year 4

Authorization for Disclosure of Information
I understand that it is my responsibility to inform the appropriate personnel of any communicable disease, special need or medical condition which may place me at a risk or pose a risk to others during clinical placements. The information on the immunization form will be kept confidential within my clinical site. However, under the following circumstances and for the duration of the program, I authorize the release of this immunization record to: 1. The clinical site personnel where an occupational exposure occurs; 2. The treating medical site/institution (if required); 3. Another clinical placement site (if requested).
_____ Signature of Student
_____ Date