

FACULTY OF DENTISTRY IMMUNIZATION/CPR RECORD

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		
Post-vaccination Serology Test (all applicants)*					
1. Hepatitis B Surface Antibodies (anti-HBs)					
Additional Post-vaccination Serology Tests (for applicants from countries endemic with HB – High & Intermediate)*					
1. Hepatitis B Surface Antigen (HBsAg)					
2. Hepatitis B Core Antibodies (anti-HBc)					
Baseline PPD (Tuberculosis Screening) 2-Step Mantoux	Step 1		Induration		
	Step 2		Induration		
Annual 1-Step Mantoux	Step 1		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

* Copies of antibody titre results must accompany this form.

Physician Signature: _____ Date: _____

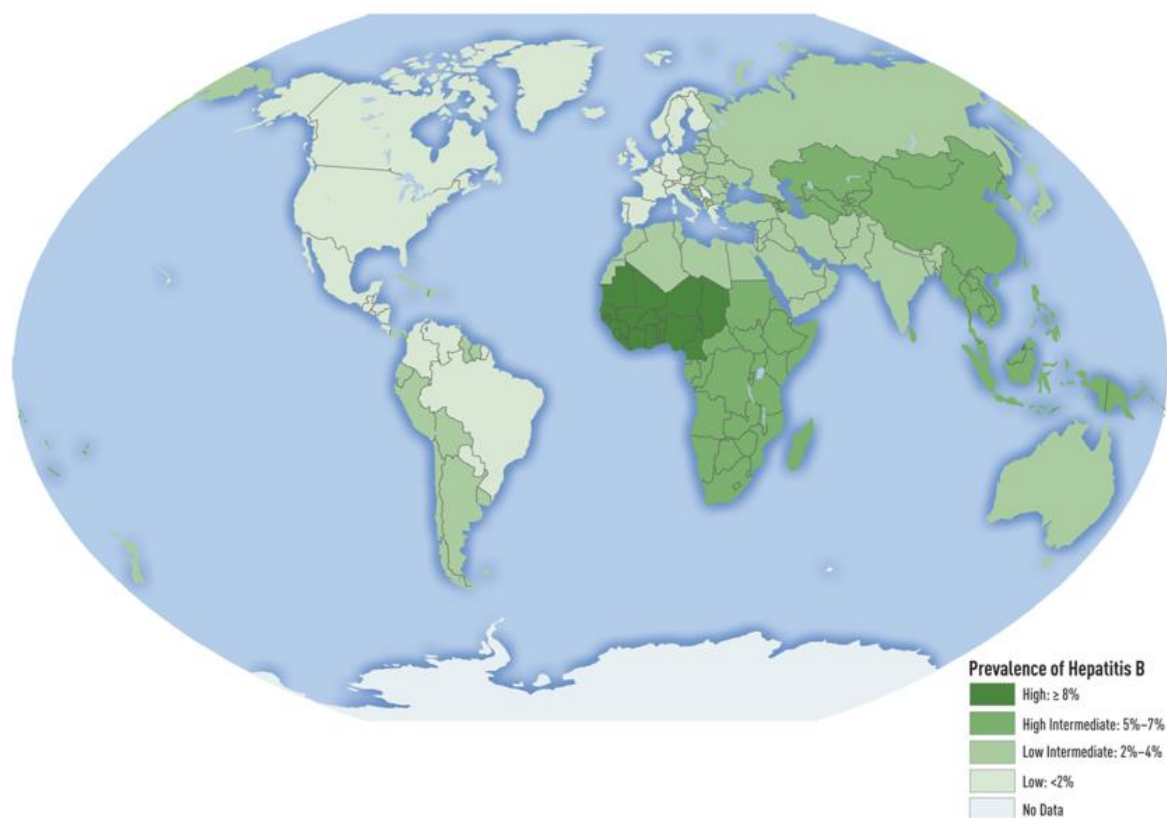
Influenza			
Year 1	Year 2	Year 3	Year 4
CPR / AED Certification (Annual renewal is recommended). Copy of certification must accompany this form.			
Year 1	Year 2	Year 3	Year 4

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

Return Completed form to: Clinical Nurse, Faculty of Dentistry
Dalhousie University • 1459 Oxford Street • Halifax NS B3H 4R2 Canada. Forms may also be faxed to 902-494-1757.
For questions regarding this form, please call Ms. Sue Murphy @ 902-494-1673.

*Post-serology testing for applicants born or previously residing in high HBV endemic countries must include both HBcAb and HBsAg as well as HBsAg to fully define HBV status prior to acceptance into the program. This includes applicants from all countries except for those listed as having a Low (<1%) incidence of hepatitis B (**Appendix 1**).

Appendix 1



MAP 3-4. PREVALENCE OF CHRONIC HEPATITIS B VIRUS INFECTION AMONG ADULTS¹

¹ Disease data source: Ott JJ, Stevens GA, Groeger J, Wiersma ST. Global epidemiology of hepatitis B virus infection: new estimates of age-specific HBsAg seroprevalence and endemicity. *Vaccine*. 2012; 30(12): 2212-2219.

List of countries by prevalence of chronic hepatitis B virus infection among adults:

High and Intermediate HBV Endemic Countries

High ($\geq 8\%$): Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, São Tomé and Príncipe, Senegal, Sierra Leone, Togo

Intermediate (5%–7%): Angola, Armenia, Azerbaijan, Botswana, Burundi, Cambodia, Central African Republic, China, Comoros, Congo, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Federal States of Micronesia, Fiji, Gabon, Georgia, Indonesia, Kazakhstan, Kenya, Kiribati, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Madagascar, Malawi, Malaysia, Maldives, Marshall Islands, Mauritius, Mongolia, Mozambique, Myanmar, Namibia, Papua New Guinea, People's Republic of Korea, Philippines, Rwanda, Samoa, Seychelles, Solomon Islands, Somalia, South Africa, Sri Lanka, Sudan, Swaziland, Taiwan, Tajikistan, Thailand, Tonga, Turkmenistan, Uganda, United Republic of Tanzania, Uzbekistan, Vanuatu, Zambia, Zimbabwe

Low Intermediate (2%–4%): Afghanistan, Albania, Algeria, Argentina, Aruba, Australia, Bahamas, Bahrain, Bangladesh, Barbados, Belarus, Belize, Bhutan, Bolivia, Bosnia and Herzegovina, Brunei Darussalam, Bulgaria, Chile, Croatia, Cuba, Czech Republic, Dominica, Dominican Republic, Ecuador, Egypt, Estonia, Grenada, Guyana, Haiti, Hungary, India, Iraq, Islamic Republic of Iran, Jamaica, Japan, Jordan, Latvia, Lebanon, Libyan Arab Jamahiriya, Lithuania, Macedonia, Martinique, Moldova, Montenegro, Morocco, Nepal, Netherlands Antilles, New Zealand, Pakistan, Palestine, Peru, Poland, Puerto Rico, Republic of Korea, Romania, Russian Federation, Saint Lucia, Saint Vincent and the Grenadines, Singapore, Suriname, Trinidad and Tobago, Ukraine, Uruguay

Low HBV Endemic Countries

Low ($< 1\%$): Andorra, Austria, Belgium, Brazil, Canada, Colombia, Costa Rica, Cyprus, Denmark, El Salvador, Finland, France, Germany, Greece, Guatemala, Honduras, Iceland, Ireland, Israel, Italy, Mexico, Nicaragua, Panama, Paraguay, United States of America, Venezuela

No data: Serbia

Source: https://www.cdc.gov/travel-static/yellowbook/2016/map_3-04.pdf

