

**FACULTY OF DENTISTRY  
IMMUNIZATION/CPR RECORD**

<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>
<b>Banner ID #</b>	<b>Birth Date (DD/MM/YY)</b>		<b>Phone</b>	
<b>Mailing Address</b>			<b>Email</b>	
<b>Degree Program or Position (Check One)</b>				
<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
<b>Tetanus, diphtheria, pertussis (Td/Tdap)</b> 1 dose within past 10 years	Dose 1				
<b>Polio (IPV) Primary Course</b>	Dose 1				
<b>German Measles (Rubella) 2 doses after age 12 months</b>	Dose 1	Dose 2			
<b>Measles (Rubeola) 2 doses after age 12 months</b>	Dose 1	Dose 2			
<b>Mumps 2 doses after age 12 months</b>	Dose 1	Dose 2			
<b>Varicella (Chicken Pox) 2 doses</b>	Dose 1	Dose 2			
<b>Hepatitis B or A/B Series of 3 doses*</b>	Dose 1	Dose 2	Dose 3		
<b>Post-vaccination Serology Test (all applicants)*</b>					
<b>1. Hepatitis B Surface Antibodies (anti-HBs)</b>					
<b>Additional Post-vaccination Serology Tests (for applicants from countries endemic with HB – High &amp; Intermediate)*</b>					
<b>1. Hepatitis B Surface Antigen (HBsAg)</b>					
<b>2. Hepatitis B Core Antibodies (anti-HBc)</b>					
<b>Baseline PPD (Tuberculosis Screening) 2-Step Mantoux</b>	Step 1		Induration		
	Step 2		Induration		
<b>Annual 1-Step Mantoux</b>	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.

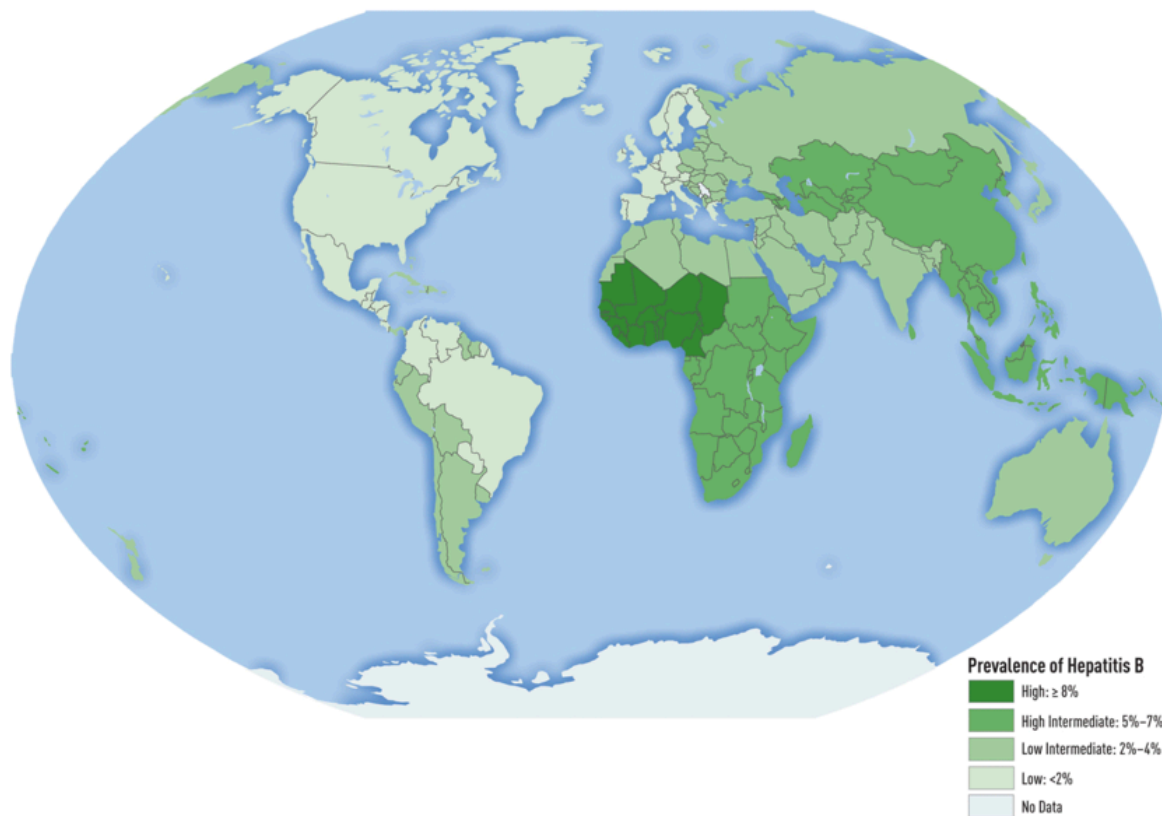
Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>Authorization for Disclosure of Information</b>	
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

\*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 ADULTS<sup>1</sup>

<sup>1</sup> 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 (≥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](https://www.cdc.gov/travel-static/yellowbook/2016/map_3-04.pdf)

