

Section A. Student Declaration

All Students must abide by the following declaration:

1. I understand the personal health information provided in this form will be kept confidential.
2. I acknowledge that to the best of my knowledge, the personal health information provided in this form is completely accurate.
3. I have not completed any part of this form myself, except for Section A. An appropriate Health Care Professional (HCP) must complete all other sections.

My signature below indicates that I have read, understood, and agree to the above three items.

Last Name:	Given Name(s):
Date of Birth:	Date:
Signature:	

Section B. Health Care Professional (HCP) Information

A Health Care Professional, a person lawfully entitled under the law of a province to provide health services in the place in which the services are provided by that person; must complete the following sections, ensuring each piece is initialled to confirm the HCP has either provided the service or reviewed the student's adequate document records. **Immunization verifications based on estimated dates or verbal histories will not be accepted.** To ensure the student is eligible to participate in clinical work we **require all immunizations identified as mandatory on this form.**

If any of the following immunizations **were not administered** due to a medical or health condition, please specify in the notes box of the relevant section.

HCP #1	
Name:	Profession:
Address:	Phone:
Signature:	Initials:
HCP #2	
Name:	Profession:
Address:	Phone:
Signature:	Initials:

HCP #3

Name:	Profession:
Address:	Phone:
Signature:	Initials:

HCP #4

Name:	Profession:
Address:	Phone:
Signature:	Initials:

Section C. Tetanus, Diphtheria, Pertussis, Polio (Tdap, or Tdap-Polio)

Document the last **three** tetanus/diphtheria and polio-containing immunizations. **If you have a history of 5 doses, please enter all 5 doses.** Serology is not accepted for tetanus, diphtheria, pertussis and polio.

	Tetanus/Diphtheria (mm-dd-yyyy)	Polio (mm-dd-yyyy)	HCP Initials
Most recent dose:			
Previous dose:			
Previous dose:			
Previous dose:			
Previous dose:			

Notes, including any exemptions/ follow-up/additional immunizations required:

Pertussis Booster

Document a **one-time** pertussis vaccine within the last 10 years and given at age 18 or older. The precise type (Tdap, or Tdap-Polio) or name (Boostrix, Adacel, Boostrix-Polio, Adacel-Polio) of vaccine must be known; if this information is no longer available, repeat the immunization. Typically, Tdap or Tdap-Polio will be used.

Date (mm-dd-yyyy)	Type/Name of Vaccine	Time since last Vaccine	HCP Initials

Notes, including any follow-up/additional immunizations required:

Section D. Measles, Mumps and Rubella (MMR)

General Requirements:

ONE of the following items is required as evidence of immunity to **measles**:

1. **TWO** doses of live measles-containing vaccine, given 28 or more days apart, with the first dose given on or after 12 months of age; OR
2. Positive serology for measles antibodies (IgG); OR
3. Laboratory evidence of measles infection.

ONE of the following items is required as evidence of immunity to **mumps**:

1. **TWO** doses of live mumps-containing vaccine, given 28 or more days apart, with the first dose given on or after 12 months of age; OR
2. Positive serology for mumps antibodies (IgG); OR
3. Laboratory evidence of mumps infection.

ONE of the following items is required as evidence of immunity to **rubella**:

1. **ONE** dose of live rubella-containing vaccine, given on or after 12 months of age; OR
2. Positive serology for rubella antibodies (IgG); OR
3. Laboratory evidence of rubella infection.

NOTE: For students with no record of measles, mumps or rubella immunizations a **preferred approach** is to immunize without checking pre-immunization serology (regardless of age), although testing serology (IgG) is an acceptable alternative to immunization. If submitting serology or evidence of lab-confirmed infection, please attach the report to this document. Post-immunization serology testing for measles, mumps, rubella should not be done once immunization requirements have been met.

	Dose #1 (mm-dd-yyyy)	Dose #2 (mm-dd-yyyy)	OR	IgG Serology (mm-dd-yyyy)	Lab Result	Interpretation	HCP Initials
Measles			OR				
Mumps			OR				
Rubella			OR				

Notes, including any exemptions/follow-up/additional immunizations required:

Student Name: _____

Section E. Hepatitis B

Vaccines

Documentation of a complete primary series **is required**. If the primary series was received between age 11 and <16 years, two doses (0, 4–6-month intervals) are required. If the primary series was received before age 11 or after the 16th birthday, three doses (0, 1 and 6-month intervals) are required. A rapid dosing protocol of completion of four doses (0, 7 days, 21 days, 12 months) is acceptable. Students with an incomplete or undocumented series must have a series completed and documented on this form.

Positive immunity serology (anti-HBs) will not be accepted if there is an incomplete or absent record of immunization (exception: those immune due to natural immunity, i.e. positive anti-HBs **and** positive anti-HBc or those with a hepatitis infection).

	Date (mm-dd-yyyy)	Name of Vaccine (If known)	HCP Initials
Vaccine 1			
Vaccine 2			
Vaccine 3 (if required)			
Vaccine 4 (if required)			
Vaccine 5 (if required)			
Vaccine 6 (if required)			

Notes, including any exemptions/follow-up/additional immunizations required:

Serology (Please attach serology reports to this document.)

Both anti-HBs (surface antibody) and HBsAg (surface antigen) are required 28 days or more after the immunization series is complete or 28 days or more after the third rapid dose immunization.

Anti-HBs (immunity test): For students who have immunity, only one positive anti-HBs result is required and must be dated 28 or more days after the immunization series is completed. Repeat testing after this is not recommended. For students who are vaccine non-responders (ie. Student has received two complete documented hepatitis B immunization series and post-immunization serology 1-6 months after the final doses have not demonstrated immunity), no further hepatitis B immunizations or serological testing are required.

HBsAg (test for infection): Required for **all students**, including those who are believed to be immune to hepatitis B. Test must be conducted after the primary hepatitis B immunization series OR if hepatitis B primary immunization series is still in process, the test must be dated on or after medical school admission. Wait until 28 days after a hepatitis B immunization to avoid the possibility of a false-positive HBsAg result. **For positive HBsAg results**, please review relevant information and submit Appendix 1 of the following document:

[HealthandSafety-PolicyforUndergraduateStudentswithaCommunicableInfection.pdf \(dal.ca\)](#)

Section E. Hepatitis B *cont'd*

Serology (Please attach serology reports to this document.)

	Date (mm-dd-yyyy)	Lab result	Interpretation (immune/non-immune)	HCP Initials
Anti-Hbs (antibody)				
HBsAg (antigen)				

Notes, including any exemptions/follow-up/additional immunizations/investigations required:

Section F. Varicella

ONE of the following items is required as evidence of immunity to **varicella**:

1. Documentation of two doses of live varicella-containing vaccine, given 6 weeks or more apart) with the first dose given on or after 12 months of age OR
2. Positive serology for varicella antibody (IgG) OR
3. Laboratory evidence of varicella infection

If submitting serology or evidence of lab-confirmed infection, please attach the report to this document.

For those with no record of varicella immunizations, varicella serology must be completed. Post-immunization serology testing for varicella should not be done once immunization requirements have been met.

	Date (mm-dd-yyyy)	HCP Initials
Vaccine 1		
Vaccine 2		

Or serology (if no record of varicella vaccination)

	Date (mm-dd-yyyy)	Lab Result	Interpretation (immune/non-immune)	HCP Initials
Serology				

Notes, including any exemptions/follow-up/additional immunizations required:

Section G. Tuberculosis

Note: Previous BCG administration is not a contraindication to having a TST.

TB History. Does the student have any of the following:

- a previous history of a positive TB skin test (TST);
- a clear history of blistering TST reaction;
- a positive IGRA test;
- a previous diagnosis of TB disease or infection; or
- a history of treatment for TB disease or infection?

If YES, document the positive TST in Table #1 below or for those with a history of another positive TB parameter, attach records demonstrating the positive history. ***The student should not have a repeat TST.***

If NO, documentation of a two-step TST in Table #1 is **required**. Each step must be documented within 48-72 hours of inoculation. The second step must be completed 7-14 days after the initial step. Dalhousie Medicine will not accept test results outside of these guidelines. If a two-step was completed **within** the current calendar year, an additional one-step is not required. However, if the two-step was completed in any previous calendar year, the annual one-step TST is **required** and will continue to be required on an annual basis for all returning Dalhousie Medicine students. Results should be entered into Table 1 below.

A TST is strongly preferred for testing however if a two-step test is contraindicated for medical reasons, or a student is unable to access a TST, an interferon-gamma release assay (IGRA) is acceptable, and results are to be entered in Table 2 below.

If at any point, a TST comes back as positive, documentation of the positive test must be provided, and a chest x-ray performed after the positive test. Chest x-ray results should be entered into Table 2 below and the report attached to the form. A routine/repeat chest x-ray is not required unless there is a medical indication of the disease. ***Further TB testing is not required after a positive result.***

Table 1	Date Given (mm-dd-yyyy)	Date Read (mm-dd-yyyy)	Millimetres of Induration	Interpretation (positive or negative)	HCP Initials
Step 1					
Step 2					
Recent TST (if applicable)					
Table 2	Date (mm-dd-yyyy)		Interpretation (positive or negative)		HCP Initials
IGRA Results (if applicable)					
Chest x-ray (if applicable)					

Notes, including any follow-up/additional immunizations required:

Student Name: _____

Section H. Influenza

An up-to-date seasonal influenza immunization is required for all students. Documentation must be submitted via DalMedix annually by November 30th.

Section I. Additional Vaccination Recommendations (No proof required.)

Students are encouraged to ensure that they are up to date on all other recommended vaccines. Speak to your healthcare provider to ensure that you have received all recommended doses of:

- COVID 19
- Meningococcal vaccines- quadrivalent (MenACYW)
- Meningitis B
- Human papillomavirus
- Other vaccines as recommended by Public Health in the event of the emergence/identification of new infectious viruses.