DALHOUSIE UNIVERSITY POSTGRADUATE MEDICINE IMMUNIZATION STATUS May be completed by a PHYSICIAN or PUBLIC HEALTH FACILITY

<u>All Residents MUST return this completed form and supporting serological information, where relevant. This is MANDATORY.</u> The information collected will be retained in your permanent record.

If a physician or public health facility cannot complete this form, you will need to complete it yourself and return it to our Office **along** with documentation of titres confirming immunity.

Dalhousie Graduates – You must still complete this form. You may provide a copy of your "OFFICIAL" DalMedix form as **proof** of immunization. If any immunizations showing on the DalMedix form are out of date, you must provide proof of updated titres.

Guidance to Interpreting Immunization and TST Requirements

Diphtheria-Tetanus-Pertussis (Whooping Cough): Will have completed a primary series of 3 doses of a combined tetanus, pertussis, and diphtheria vaccine preparation and booster within the last 10 years unless contraindicated. For adults who have not had a dose of acellular pertussis vaccine, a dT booster should be replaced by the dTap vaccine.

Polio: Will have completed a primary series of 3 doses of either oral polio vaccine or inactivated polio vaccine unless contraindicated. Booster doses are not routinely recommended. If vaccination is required, use only inactivated polio vaccine.

Measles (Rubeola): Consider immune if born before 1957 *or* if born after 1957 with evidence of 2 doses of a live measles-containing vaccine *or* physician-diagnosed measles *or* documentation of measles IgG. If non-immune requires 2 doses of MMR unless contraindicated.

Mumps: Consider immune if born before 1957 or if born after 1957 with evidence of 2 doses of a live mumps- containing vaccine or laboratory-diagnosed mumps or documentation of mumps IgG. If non-immune requires 2 doses of MMR unless contraindicated.

Rubella: Consider immune with evidence of 2 doses of a live rubella-containing vaccine *or* documentation of rubella IgG. If non-immune requires 2 doses of MMR unless contraindicated.

Tuberculin Skin Test (TST) is required by all residents: A 2-step Tuberculin Skin Test (TST) must have been completed. It is also a requirement for placement at the Atlantic Health Sciences Corporation, Saint John, New Brunswick, and they require that the 2-step TST be done within a 12 month period as noted on the attached form. BCG vaccine is no longer recommended. If there is a documented prior positive TST, previous treatment for active TB or previous treatment for latent TB, a TST is not required, in which case a medical evaluation and a chest X-ray within 1 year (if asymptomatic) are required.

Hepatitis B: Consider "immune" with:

 Evidence of 3 doses of HBV-containing vaccine given at 0, 1 and 6 months and one documented Hepatitis B surface antibody (HBsAb) test done between 4 to 6 weeks after third dose that confirms immunity to Hepatitis B

-OR-

2) A positive Hepatitis B surface (HBsAb) and/or core antibody (HBcAb) test that is the result of Hepatitis B infection. If non-immune, the resident requires 3 doses of HBV-containing vaccine given at 0, 1 and 6 months (unless contraindicated) with HBsAb testing done 4-6 weeks after the 3rd dose. Individuals testing HBsAb negative several years after receiving the primary series may receive one booster followed by post-vaccine serology to determine responder status. Non-responders should be immunized with a second 3-dose series unless contraindicated and serologic testing repeated.

An individual who tests positive for Hepatitis B surface antigen (HBsAg) must be reported to the Colleges of Physicians and Surgeons, as per the University's Communicable Infectious Disease policy.

Varicella (Chickenpox): Consider immune with evidence of self-reported history of varicella or shingles, *or* physician-diagnosed varicella or shingles *or* documentation of VZV IgG *or* 1 dose (if given before age 13 years) or 2 doses given at least 1 month apart (if given after age 13 years) of live varicella vaccine. If non-immune, requires 2 doses of live varicella vaccine at least 1 month apart unless contraindicated.

DALHOUSIE UNIVERSITY POSTGRADUATE MEDICINE

IMMUNIZATION STATUS

If a physician or public health facility cannot complete this form, then you must complete it yourself and return it to our Office <u>along with documentation of titres confirming immunity.</u>

Notice to Dalhousie Graduates – You must still complete this form. You may provide a copy of your "OFFICIAL" DalMedix form as **proof** of immunization. If any immunizations showing on the DalMedix form are out of date, you must provide proof of updated titres.

Name of Student:

Allergic To:

PART 1: IMMUNIZATIONS	Date of primary immunization	Date of Subsequent Immunization
	DD/MM/YYYY	DD/MM/YYYY
DIPHTHERIA-TETANUS-		
PERTUSSIS (Whooping Cough)		
(Must be renewed within the last 10		
years). Please ensure that your last		
diphtheria & tetanus booster		
included PERTUSSIS (dTap).		
POLIO		
MEASLES (Rubeola)		
MEASLES (Rubeola)		
MUMPS		
WOWPS		
RUBELLA		
VARICELLA (Chicken Pox) - If you		
have not had chickenpox, then you		
must have your VZV titre checked.		
If no immunity then you must have the varicella vaccine.		
HEPATITIS B - List dates of shots		
and send proof of sero conversion		
blood test (surface antibody) result		
and HBsAG status		
INFLUENZA – The annual Flu Shot is	s mandatory in New Brunswick and proof of i	receiving it must be provided on request during Flu
season.		- · · · ·

IMMUNIZATION FORM CONTINUES ON NEXT PAGE - BOTH PAGES MUST BE COMPLETED

PART 2: TUBERCULOSIS	Year Received	Infecti Yes	ion No	Year	Notes
BCG Note: BCG vaccine is no longer recommended.					
TUBERCULOSIS					

1. A 2-step Tuberculin Skin Test (TST) must have been completed prior to starting residency. Please state the dates of your 2-step Test below (complete step 2. if your 2-step test is more than 2 years old).

Performing a 2-step TST:

- A TST is applied and read.
- If this first test is negative, a second test is applied 7-21 days later (2nd test must not exceed 12 month).
- The result of the second test, when required, is used to determine if the individual's TB infection status is positive or negative.

2-step Tuberculin Skin Test (TST):	1st test of 2-step	Date:	DD MM YYY		mm
	2nd test of 2-step	Date: _	// DD MM YY	Result: /YY	mm
2. If the 2-step Tuberculin Skin Test (TST) noted above is more than 2 years old, a 1-step TST must be completed within 2 years of the start of residency.					
1-step Tuberculin Skin Test (TST):	1-step Date:	/ DD MM	_/ R	esult: mm	
COMPLETE ONLY IF APPLICABLE:					
POSITIVE TEST : 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 (if asymptomatic) are required.					
Chest X-ray* Date:// *attach copy of Chest X-ray report DD MM YYYY					
Signature of Physician or Public Health Offici	al Date: D	/ D MM	/ YYYY	Phone Number	

IF THE TRAINEE IS COMPLETING THIS FORM: I certify that the above information is <u>complete</u> and <u>accurate</u> and give my consent that the information on this form may be shared with university/hospital teaching and administrative staff in appropriate cases.						
Signature of resident/fellow:	Date:// DD MM YYYY					
IF A CLINIC/HEATH CENTRE IS COMPLETING THIS FORM ON BEHALF OF THE TRAINEE:						
I certify that the above information is complete and accurate (See instructions)						
Name, Address, and phone number of clinic/health centre/hospital where form was completed:						
Signature of health care professional:	Date: // DDMMYYYY					