

## DALHOUSIE UNIVERSITY POSTGRADUATE MEDICINE

### IMMUNIZATION STATUS

**All Residents MUST return this completed form and supporting serological information.**

**This is MANDATORY.**

**May be completed by a PHYSICIAN or PUBLIC HEALTH FACILITY**

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 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 If any immunizations showing on the DalMedix form are out of date, **you must provide proof of updated titres.**

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### 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:

- 1) 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 3<sup>rd</sup> 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.

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**Name of Resident:** \_\_\_\_\_

**Allergic To:** \_\_\_\_\_

| <b><u>PART 1: IMMUNIZATIONS</u></b>  | Date of primary immunization<br>DD/MM/YYYY | Date of Subsequent Immunization<br>DD/MM/YYYY |
|--|--|---|
| <b>DIPHTHERIA-TETANUS-<br/>PERTUSSIS (Whooping Cough)</b><br><i>(Must be renewed within the last 10 years). Please ensure that your last diphtheria &amp; tetanus booster included PERTUSSIS (dTap).</i> |  |   |
| <b>POLIO</b>   |  |   |
| <b>MEASLES (Rubeola)</b>   |  |   |
| <b>MUMPS</b>   |  |   |
| <b>RUBELLA</b>   |  |   |
| <b>VARICELLA (Chicken Pox)</b>   |  |   |
| <b>HEPATITIS B</b>   |  |   |
| <b>COVID-19</b>  |  |   |
| <b>INFLUENZA</b> – The annual Flu Shot is mandatory in New Brunswick and proof of receiving it must be provided on request during Flu season.  |  |   |

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



