School of Health Sciences
IMMUNIZATION RECORD

Please see below list of Immunization requirements for Health Sciences students. Please have a health care professional (**physician, nurse practitioner, public health nurse or pharmacist**) complete the form indicating your present immunization status. **Please double check that the form is fully complete prior to submitting to the School of Health Sciences.**

Students who fail to provide a completed record will be ineligible for clinical experiences. Students are responsible for the cost of vaccines, Mantoux/TB and blood tests, if applicable. Students or health care providers with questions about this form should contact *Student Services* via email: Colleen.Flemming@nshealth.ca or telephone 902-473-5510 for assistance.

First Name (Please Print)	**Last Name (Please Print)**
Banner Number	**Date of Birth**
	DD / MM / YY

MANDATORY MMR Requirements *Please note that the mandatory 2-step TB skin test should be done 4-6 weeks before/after the administration of an MMR.*	
Documented record of two MMR vaccinations at least one month apart	DD / MM / YY
	DD / MM / YY

MANDATORY Varicella (Chicken Pox/Shingles) Requirements	
Documented history of Varicella (Chicken Pox/Shingles)?	**YES/NO**
OR	
If history is uncertain, attach serology report demonstrating immunity to naturally acquired Varicella. Please do not order serology if student is vaccinated or will be vaccinated.	**YES/NO**
Documented record of two doses of Varicella vaccination given at least one month apart. Please do not order serology after vaccination.	DD / MM / YY
	DD / MM / YY

MANDATORY Tetanus, Pertussis and Diphtheria Requirements	
Documentation of adolescent or adult dose of tetanus, diphtheria and pertussis vaccine, administered within the PAST TEN YEARS (e.g. Adacel™ or Boostrix™). ***Please provide booster if needed.***	DD / MM / YY

Please Note: Additional documentation may be required depending on the site you are assigned to for your clinical coursework.

MANDATORY Hepatitis B Requirements	PART A
Documentation of Hepatitis B vaccination Series (3 Doses)	DD / MM / YY
	DD / MM / YY
	DD / MM / YY
AND HBsAb (Anti – HBs) Titre Result - taken at least 4-8 weeks after immunization. *(Please attach serology results)*	RESULTS
	DD / MM / YY

If titre results above show you are not immune to Hepatitis B – it is mandatory to complete Part B (See Below)

Hepatitis B Repeat Series *To be completed if titre results in PART A signify non-immunity*	PART B
Dose 1 of Repeat Series	DD / MM / YY
Serology may be taken one month after first dose of repeat series to assess immunity if original series was completed more than 6 months prior to a negative HBsAb test.	
Dose 2 of Repeat Series	DD / MM / YY
Dose 3 of Repeat Series	DD / MM / YY
Repeat HBsAb (Anti – HBs) titre results – taken at least 4-8 weeks after immunization. ***(Please attach serology results)***	RESULTS
	DD / MM / YY

Non-responders may require testing for HbsAg.

RECOMMENDED Annual Flu Vaccination	
Date of most recent annual flu vaccination	DD / MM / YY

Polio *Mandatory if lived/ visited a country in which there has been a recent Polio outbreak*	
Documentation of Primary Series	DD / MM / YY

Name of Healthcare Professional or Public Health Official	Phone Number
Signature	**Date**

Please Note: Additional documentation may be required depending on the site you are assigned to for your clinical coursework.