

The following information **must** be completed and signed by your healthcare provider (nurse or physician):

Name _____ Student Number: _____ Date of Birth _____
Last First yyy / mm / dd

Name of Program: _____ Start Date: _____
yyyy / mm / dd

MUMPS

Vaccine Dates: #1 _____ #2 _____ **OR**
Antibody Tested: Date: _____ Results: Immune
 Susceptible (booster dose required)

Must have 2 dose of mumps-containing vaccine **OR** serology

MEASLES

Vaccine Dates: #1 _____ #2 _____ **OR**
Antibody Tested: Date: _____ Results: Immune
 Susceptible

Must have 2 doses of measles-containing vaccine **OR** serology showing immunity.

MMR Vaccine Dates:

Considered immune if two doses were administered on or after 1st birthday

#1 _____

#2 _____

RUBELLA

Vaccine Dates: #1 _____ #2 _____ **OR**
Antibody Tested: Date: _____ Results: Immune
 Susceptible

Must have at least 1 dose of rubella-containing vaccine **OR** serology showing immunity.

HEPATITIS B CONTAINING VACCINE Individuals born after 1989 are eligible for Hep B vaccinations through the Manitoba provincial immunization program at no charge. Contact your public health office to arrange. Individual born prior to 1989 must see their primary care provider and purchase the vaccine for use.

Vaccine Dates: #1 _____ #2 _____ #3 _____ **AND**
Antibody Tested: Date: _____ Results: Immune
 Susceptible (2nd dose series required if antibody is low or non-existent)
 Chronic Infection (Nurse/MD, please contact the Coordinator of Program)

2nd Dose Series Vaccine Dates #4 _____ #5 _____ #6 _____

Must have vaccine **AND** serology. Serology should be performed at least four weeks after the last dose given.

VARICELLA (CHICKEN POX)

Vaccine Dates: #1 _____ #2 _____ **OR**
Antibody Tested: Date: _____ Results: Immune Susceptible (Two dose series required)

DIPHTHERIA / TETANUS / PERTUSSIS

Primary Series Complete: (circle) Yes No
Date: _____ Vaccine: _____
Date: _____ Vaccine: _____
Date: _____ Vaccine: _____
Adult Pertussis Booster: (circle) Yes No Date: _____
Most Recent Vaccine (must be within past 10 years): Date: _____

Primary series = three doses of tetanus-containing vaccine, three doses of diphtheria-containing vaccine, AND three doses of pertussis-containing vaccine

POLIO (*Polio primary series = three doses of polio-containing vaccine*)

Primary Series Complete: (circle) Yes No
Date: _____ Vaccine: _____
Date: _____ Vaccine: _____
Date: _____ Vaccine: _____

TUBERCULIN SKIN TESTING (TST)

2-Step TST*: (circle) Yes No (If No, perform two-step TST)

Step 1: Date: _____ Result _____ mm.

Step 2: Date: _____ Result _____ mm. (Must be 1-4 weeks after first step)

Once a student has a documented two step skin test any further screening requires only a one step

Recent TST (within last 6 months): (circle) Yes No (If No, perform TST)

Date: _____ Result _____ mm.

Positive TST: (circle) Yes No

Date: _____ Result _____ mm.

Chest x-ray {Required following positive result}: (circle) Yes No

Date: _____ Result: _____

*Students with a previous positive TST should submit documentation of the positive TST, the chest X-ray that was taken after the positive TST, and documentation of any follow-up measures. A repeat CXR is not indicated unless a specific medical indication exists; no further follow-up is required unless a specific medical indication exists. If documentation of a previous positive TST is not available, the TST should be repeated unless a contraindication exists. If a previous X-ray report is not available, the X-ray should be repeated.

Future Mantoux: Student to provide yearly evidence to the appropriate RHA of one-step Mantoux test provided past tests were negative.

Date: _____ Result: _____ mm. Date: _____ Result: _____ mm.

COVID-19: It is strongly recommended that students receive an approved vaccine for Covid19. The vaccination requires at least two doses. This mandate emphasizes the responsibility of healthcare providers and students to protect vulnerable patient populations from the spread of Covid-19 and to protect patients from the complications associated with acquiring it, including death. The mandate is also intended to protect the health of students, faculty and healthcare providers. Proof of vaccination status may be required.

Date/Dose: _____ Date/Dose: _____ Date/Dose: _____

INFLUENZA: UCN recommends students obtain an INFLUENZA VACCINATION every year they are enrolled in their program of study. This recommendation emphasizes the responsibility of healthcare providers and students to protect vulnerable patient populations from the spread of influenza and to protect these patients from the complications associated with acquiring influenza, including death. The recommendation is also intended to protect the health of healthcare providers. (Available annually in October and November, free of charge)

Date: _____ Date: _____ Date: _____

Physician / Nurse Name and Designation: _____ **Signature:** _____**Date:** _____ **Phone #:** _____ **Location:** _____

I hereby declare the above information to be accurate. I authorize the release of this immunization record to the appropriate Regional Health Authorities.

Student Signature: _____ **Date:** _____

- Students are expected to provide documentation of immunization or demonstrate immunity to the diseases identified in the Practice Requirements Record in order to ensure the protection of themselves and their patients.
- This guideline applies to all students who access patients in practice settings within the Regional Health Authorities accessed by UCN.
- All immunizations must be in accordance with the National Advisory Committee on Immunizations (NACI), *Canadian Immunization Guide*. <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>
- If a RHA does not require Mantoux testing, this must be documented and signed by a health professional on the form in the section Tuberculin Skin Testing (TST).
- The Practice Requirement Immunizations Record **must** be signed by a physician, nurse practitioner or public health nurse.
- It is the responsibility of the student to ensure this record is current and up-to-date, and to inform the appropriate RHA of any updated immunizations/Mantoux testing information. RHAs may require written documentation by the immunization provider of any immunization update.
- It is strongly recommended that applicants make an appointment with their physician or primary health care provider as soon as possible after receiving the Practice Requirement Record.
- Immunization histories may be available from parent's records, hospital/physician visits, public health records or school records.
- Physicians or Primary Health *may* charge a fee for completing the immunization form and providing the required and recommended immunizations.
- Immunizations listed in these guidelines have been categorized as either required or recommended based on the effectiveness of the vaccine, the probability of exposure to/transmission of the disease, and the consequences of the disease in vulnerable patient groups.
- The University College of the North is **not responsible for contacting physician offices, labs, etc., in order to obtain immunization information.**
- Immunization information mailed or delivered in person must indicate program of study and student number.
- HCA and DPN Students' Immunization may be mailed, faxed, emailed or delivered in person.
- NOTE: **HCA and DPN** Students are to **KEEP** the original documents.

DPN and HCA applicants submit documents to:

Community Based Services HCA and DPN Program students submit documents to their instructor/site coordinator in their respective communities.

Primary Care Paramedic (PCP) Diploma Program

All students must meet the Non-Academic Requirements prior to the posted application deadline.

Required documents must be submitted to PCP Program Coordinator, University College of the North, Box 3000, The Pas, MB R9A 1M7