



UNIVERSITY OF TORONTO

FACULTY OF MEDICINE

Physician Assistant Students - IMMUNIZATION/Health RECORD

Student Last Name: _____ Student First Name: _____ Student ID #: _____

PART 1: To be completed by the Health Care provider. Please refer to the Immunization Record Information page for further instructions.
PLEASE NOTE: Any fees associated with the completion of this form are the responsibility of the student. Students are not allowed to complete their own forms.

SECTION 1: TUBERCULIN TEST- Students must have a two-step mantoux skin test **between May 15 and Aug 4, 2017**

Test	Date (dd/mm/yy)	Results (mm of induration)
Test #1	_____	_____
Test #2 (to be administered 1-3 weeks post Test 1)	_____	_____
Previous BCG vaccination date: _____		Previous Treatment for TB: Yes <input type="checkbox"/> No <input type="checkbox"/>

CHEST X-RAY: required within the last 5 years if TB test is positive (and/or known to be previously positive).

X-Ray date (dd/mm/yy): _____ Result: _____

All students who test positive for TB must contact the Office of Health Professions Student Affairs (OHPSA) at ohpsa.admin@utoronto.ca

SECTION 2: IMMUNIZATION

a) HEPATITIS B immunization:

Section A: Must complete ALL of Section A

Date of 1st shot: _____ (dd/mm/yyyy) Date of 2nd shot: _____ (dd/mm/yyyy) Date of 3rd shot: _____ (dd/mm/yyyy)

Lab Evidence of Immunity (anti HBs/HBsAB) Immune (+) Non-Immune Date: _____ (dd/mm/yyyy)

Section B: If non-immune in Section A, please provide:

HBsAg Positive* Negative Date: _____ (dd/mm/yyyy) **HBeAg***: _____ Positive Negative Date: _____ (dd/mm/yyyy)

* enclose lab reports

Section C: If identified as non-immune in Section A and HBsAg negative in Section B, a full 2nd immunization series is required. Please provide dates of immunization and subsequent Lab Evidence of Immunity to the UME Enrolment Services Office (Registrar). NB "Booster" dose is not acceptable

Date of 1st shot: _____ Date of 2nd shot: _____ Date of 3rd shot: _____

b) MEASLES/MUMPS/RUBELLA and VARICELLA:

***MUST SHOW 2 DOSES OF MMR AND VARICELLA VACCINE OR POSITIVE BLOOD TEST TO EACH OF M/M/R/V**

Measles:
 1st Immunization date: _____ (dd/mm/yyyy) 2nd Immunization date: _____ (dd/mm/yyyy) Or Titre date: _____
 Reactive Non-Reactive

Mumps:
 1st Immunization date: _____ (dd/mm/yyyy) 2nd Immunization date: _____ (dd/mm/yyyy) Or Titre date: _____
 Reactive Non-Reactive

Rubella:
 1st Immunization date: _____ (dd/mm/yyyy) 2nd Immunization date: _____ (dd/mm/yyyy) Or Titre date: _____
 Reactive Non-Reactive

Varicella: History of Varicella is not sufficient
 1st Immunization date: _____ (dd/mm/yyyy) 2nd Immunization date: _____ (dd/mm/yyyy) Or Titre date: _____
 Reactive Non-Reactive

Administration of a **live virus vaccine may** interfere with TB skin testing, unless administered on the **same** day, or 4-6 weeks apart.

SECTION 2: IMMUNIZATION (continued)

- | | |
|---|--|
| <p>c) DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS (within last 10 years):
 <i>A single dose of Tetanus/Diphtheria/Acellular Pertussis (Tdap) should be given to all students who have not previously received an adolescent or adult dose of Tdap. It is not necessary to wait for the next diphtheria/tetanus booster to be due.</i></p> | <p>Date of Booster/Vaccination:</p> <p>_____</p> <p>(dd/mm/yyyy)</p> |
| <p>d) POLIO (primary vaccination required)</p> | <p>_____</p> <p>(dd/mm/yyyy)</p> |
| <p>e) INFLUENZA - Annual Vaccination is strongly recommended.</p> | <p>_____</p> <p>(dd/mm/yyyy)</p> |

PART 2: STUDENT AUTHORIZATION (To be completed by the student):

I authorize the health professional listed below to complete the immunization record. I give my consent that the information on this form may be shared with university/clinical teaching site and BScPA Program administrative staff as appropriate.

Signature of Student: _____ **Date:** _____
 (dd/mm/yyyy)

PART 3: HEALTHCARE PROVIDER AUTHORIZATION (To be completed by healthcare professional: student cannot complete their own form)

I have read and understood the requirements as instructed. I certify that the above information is complete and accurate

Healthcare Professional Name (Print) _____

Healthcare professional (Signature) _____ **Date:** _____
 (dd/mm/yyyy)

STAMP

OR Name, address and phone number of clinic/healthcare centre/hospital where form was completed

- **Student to submit the completed form online by August 4, 2017:** <https://utmed.sharefile.com/r/62445a20ee8541da>
- ShareFile is a secure, cloud-based file-sharing system. For more information on ShareFile, please refer to <http://dc.med.utoronto.ca/content/sharefile>

When uploading the completed form:

- save your file as:
 - PA - last name, first name - Immunization (e.g. PA – Smith, Percy - Immunization)
 - a single PDF document
- check the resolution of your file – please retain the original copy of your form, as we may request for the original copy in the event that the submitted file has a poor resolution

Notice of Collection: The University of Toronto respects your privacy. The personal information provided on this form will be used by the administrative and student service offices at the Faculty of Medicine to administer your enrollment and program-related activities in the Physician Assistant Professional Degree (BScPA) Program.

The personal information provided on this form will only be used and protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions about this policy and/or ShareFile, please contact Janet Hunter, Director of Enrolment Services & Faculty Registrar, at 1 King’s College Circle, Toronto, Ontario, M5S 1A8 or registrar.medicine@utoronto.ca.

***** INFORMATION and INSTRUCTION GUIDE FOR IMMUNIAZATION RECORD *****

For Health Care provider completing the Immunization Record for the student:

Do not authorize the applicant’s immunization record without evidence of immunity or written documentation as defined below. Documentary proof of current immunization/immunity against specific diseases must be provided to the University of Toronto Faculty of Medicine, BScPA Program office. Note: Proof of immunity is required for all persons carrying on activity in hospitals in Ontario under Regulation 965 of the Ontario Public Hospitals Act. The specific requirements are:

1. Tuberculosis:

If a student has a previously documented positive tuberculin skin test, the student does not need to receive another tuberculin skin test, but requires additional documentation.

Annual TB testing is a requirement for individuals who have previously tested negative.

A negative TB test result is valid for 12 months only.

Students who have had previous Bacille Calmette-Guerin (BCG) vaccine may still be at risk of infection and should be assessed. **A history of BCG vaccine is not a contraindication to tuberculin testing.**

CONTRAINDICATIONS to tuberculin testing are:

- history of severe blistering reaction or anaphylaxis following the test in the past;
- documented active TB/clear history of treatment for TB infection or disease in the past;
- extensive burns or eczema in area of testing site;
- major viral infection (persons with a common cold may be tested; and/or
- live virus vaccine in the past 4-6 weeks (TB skin test CAN be given on SAME DAY as live virus vaccine)¹.

NOTE: Pregnancy is NOT a contraindication for performance of a Mantoux skin test.

Interpretation of the TB Skin Test ²	
TB Skin Test Reaction Size (mm induration)	Situation in Which Reaction is Considered Positive
0 – 4 mm	HIV infection with immune suppression AND the expected likelihood of TB infection is high (e.g. patient is from a population with a high prevalence of TB infection, is a close contact of an active contagious case, or has an abnormal x-ray)
5-9 mm	HIV infection Close contact of active contagious case Abnormal chest x-ray with fibronodular disease Other immune suppression: TNF-alpha inhibitors, chemotherapy
≥ 10 mm	All Others

Chest X-rays should be taken on students who:

- i. are TB skin test positive and have never been evaluated for the positive skin test;
- ii. had a previous diagnosis of tuberculosis but have never received adequate treatment for TB; and/or
- iii. have pulmonary symptoms that may be due to TB.

If the evaluation of a student is suggestive of TB, the health care provider **MUST** direct the student to a TB clinic for further assessment and recommendations.(For example: Toronto Western Hospital TB Clinic Tel: 416-603-5853)

Active cases of TB, those suspected of having active TB disease, tuberculin skin test converters and those with a positive TB skin test are reportable to the local Medical Officer of Health. Occupationally acquired active TB and LTBI are also reportable to Workplace Safety and Insurance Board (WSIB) and the Ontario Ministry of Labour.

¹ Centers for Disease Control and Prevention (CDC). *Tuberculosis (TB). Fact Sheets*. June 20 2011. (Available at: <http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>)

² *Canadian Tuberculosis Standards, 6th ed.*, Public Health Agency of Canada and The Lung Association, 2007 (p. 63)

2. **Hepatitis B:**

Documented immunization of a complete series of Hepatitis B, including lab evidence of immunity Antibodies to HBsAg (Anti-HBsAg over 10IU/L = immune) must be provided at least one month after the vaccine series is complete (Section A).

Individuals who are non-immune (i.e. do not have the antibodies against HBsAg after immunization), must be screened for the surface antigen (HBsAg). If the HBsAg result is positive, a further screen for e-antigen (HBeAg) must be performed (Section B).

Those who are non-immune and HBsAg negative must undergo a second COMPLETE series of HB immunization, and subsequent lab results recorded (Section C).

Registration status for HBV Carriers remains *CONDITIONAL* until the Expert Panel on Infection Control reviews their case.

Routine booster doses of vaccine are not currently recommended in persons with previously demonstrated antibody as immune memory persists even in the absence of detectable anti-HBs, however periodic testing should be conducted in hepatitis B responders who are immunosuppressed to ensure they are maintaining their anti-HBs titre.

3. **Measles, Mumps, Rubella Varicella:**

Students must demonstrate evidence of immunity. Only the following is acceptable as proof of immunity: documentation of the dates of receipt of vaccines (two doses) or positive titre results for antibodies with date. A history of Chicken Pox is NO LONGER sufficient evidence for immunity.

If this evidence of immunity is not available, the student must have (a) mumps and/or measles and/or rubella and/or varicella immunization(s) (if they had 0 doses, then two doses are required), in the form of a trivalent measles-mumps-rubella (MMR) or Varicella vaccine, unless the student is pregnant. Females of child-bearing age must first assure their health care practitioner that they are not pregnant, and will not become pregnant for one month after receiving this vaccine.

Administration of the second Varicella dose should be at least 6 weeks from the first³.(NACI)

Administration of a LIVE virus vaccine MAY interfere with TB skin testing, unless administered on the SAME day, or 4-6 weeks apart.

4. **Diphtheria, Tetanus Acellular Pertussis:**

Immunization against **diphtheria** and **tetanus** is generally valid for ten years. Maintenance of up-to-date immunization status is required. Vaccination with **acellular pertussis** as an adolescent or adult is recommended. A single dose of Acellular Pertussis in the form of a Tdap (Adacel vaccine) is recommended if not previously received as an adult or adolescent, in place of one Td booster. There is no contraindication in receiving Tdap in situations where the student has had a recent Td immunization.

5. **Polio**

Primary immunization against **polio** is sufficient.

6. **Influenza:**

Annual influenza vaccination is strongly recommended for seasonal influenza. Students who choose not to have an annual influenza vaccination should be aware that they may be limited from clinical placements in hospitals without documentation of vaccination.

REFERENCES and RESOURCES:

- Council of Ontario Faculties of Medicine. *COFM Immunization Policy*. Approved May 23, 2008.
- Immunization Record, Undergraduate Medical Education, University of Toronto, Faculty of Medicine, 2009
- Immunization Record, Postgraduate Medical Education, University of Toronto, Faculty of Medicine, 2009
- Ontario Hospital Association, Communicable Diseases Surveillance Protocols (Available from: <http://oha.ca/>)
- Centers for Disease Control and Prevention (Available from: <http://www.cdc.gov/>)
- National Advisory Committee on Immunization (NACI) (Available from: <http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php>)

³ National Advisory Committee on Immunization (NACI). *Varicella Vaccination Two-Dose Recommendations*. Canada Communicable Disease Report Vol 36 ACS-8 Sept 2010. Public Health Agency of Canada (Available at: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/10vol36/acs-8/index-eng.php>)