

Department of Applied Human Sciences
Pre-placement Immunization Form (Revised March 13, 2017)



UNIVERSITY
of Prince Edward
ISLAND

Name: _____

Date of Birth: _____

Home Telephone: _____

Prior to the start of placements, **you must have the following form completed and signed** by your physician's office or Public Health Nursing.

Tuberculin Testing: Students must provide evidence of TB testing completed within the 12 months prior to placement.

☐ One Step TB Test confirmation, Date: _____ Result (pos or neg): _____ Induration in mm: _____

☐ Two Step TB Test confirmation Date: _____ Result (pos or neg): _____ Induration in mm: _____

Chest x-ray: Required if TB skin test is positive. X-ray must have been done within the last year.

X-ray date: _____ Result: _____

Measles/Mumps/Rubella: 1 MMR after 1st birthday plus an additional Measles booster or a 2nd MMR

MMR Date : _____ Measles Booster/2nd MMR Date: _____

Varicella: Laboratory Evidence of Immunity (Titres)

Varicella: Date of titer: _____ Result (pos or neg): _____

OR

Varicella Vaccine 1st Dose Date: _____ 2nd Dose Date: _____

2 doses required four weeks apart

Hepatitis B Immune Status:

Have you received Hepatitis B Vaccine? **If No** 1st Dose _____ 2nd dose _____ 3rd dose _____

If Yes, the following must be completed. Laboratory evidence of immunity to Hepatitis B (Hepatitis B antibody titre)

Pos Neg **Date:** _____

Tetanus/Diphtheria: (Not mandatory recommended every 10 years)

Date of last immunization: _____

Influenza Vaccination: (Optional)

Date: _____

Completed by:

Physician//RN (please print) _____ Signature _____

I _____ agree to have the above information released to the (check one):

- ☐ UPEI Integrated Dietetic Internship Program and those internship placements requesting this information
- ☐ Family Science, Child and Family Studies or Kinesiology Program and those field placements requesting this information

Signature of Student _____ Date _____