



UNIVERSITY OF PRINCE EDWARD ISLAND IMMUNIZATION REQUIREMENTS

Student ☐ Staff ☐ Faculty ☐ Department/Program:

| | | | |
|---------------------------------|-----------------------|--|--|
| Surname: | Given Name (in full): | | |
| Date of Birth (Day/Month/Year): | | Phone Number: | |
| Provincial Health Card # | Expiry: | Province: OR International Insurance: | |

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|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| DPTP (Diphtheria/Tetanus/Pertussis/Polio) Primary Series (Initial 4 doses) | Date of 1 st dose: | Date of 2 nd dose: | Date of 3 rd dose: | Date of 4 th dose: |
| Tdap Booster (Diphtheria/Tetanus/Pertussis) (Must have received within the last 10 years) | Date of Booster: | | | |
| MMR (Measles/Mumps/Rubella) | Date of 1 st dose: | | Date of 2 nd dose: | |
| Varicella (Chicken Pox) | Date of 1 st dose: | Date of 2 nd dose: | History of Chicken Pox: | |
| Hepatitis B (3 dose requirement) | Date of 1 st dose: | Date of 2 nd dose: | Date of 3 rd dose: | Date of Booster: |
| Influenza Immunization (Recommended annually) | Date: | | | |
| COVID-19 Vaccines | Date: | | Date: | |

| Two Step Tuberculosis Test (Mantoux) | | | |
|--------------------------------------|---------------------------------------|----------------------------|--|
| Step One | Date Given: _____ Date Read: _____ | Results: _____ mm _____ | Chest X-Ray: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step Two | Date Given: _____ Date Read: _____ | Results: _____ mm _____ | IGRA results: _____ (if indicated) |

| TITRE REQUIREMENTS (please attach a copy of the results) | |
|---|------------|
| Varicella Titre (If history of disease or no record of immunization) | Draw Date: |
| Rubella, Measles, Mumps Titres (If not immunized with 2 doses of MMR) | Draw Date: |
| Hepatitis B Titre | Draw Date: |

Signature: _____ Date: _____
(Nurse/Nurse Practitioner/Physician)



UNIVERSITY OF PRINCE EDWARD ISLAND
IMMUNIZATION REQUIREMENTS FOR APPLICANTS

APPLICANT: The reverse side of this form is to be completed and signed by the PUBLIC HEALTH NURSE in the area where you received your immunizations or by the primary care nurse at the UPEI Health & Wellness Centre. This document must be returned to the UPEI by:

DEADLINE: _____ 20____.

Students who fail to submit the information in this form **will not be permitted** to participate in clinical practice until the form is complete.

Helpful Information:

TB/Tuberculin Skin Test: A Tuberculin skin test (TST) within the last 12 months is required. If you have never had a 2-step TB test, then this test will be required. If you have documentation of a previous 2-step TB test, a single test should be performed, since a 2-step TB test is required ONCE only. If you have a history of a positive TB test, do not have another TB test, a chest x-ray will be required. During the program, you may be required to have additional Tuberculin testing if you have travelled internationally in an endemic area.

Measles, Mumps and Rubella: As per Canadian Public Health Agency of Canada Guidelines, all health care workers should be immunized with 2 doses of MMR or have proof of immunity via serology.

Varicella: Health care workers are to receive two doses of varicella vaccination (total for lifetime) if they do not have one of the following: a physician diagnosis of varicella/herpes zoster or laboratory serology of immunity. A self-reported history of varicella is not enough to prove immunity.

Influenza Immunization: Recommended **Annually** to comply with policies of clinical sites. Documentation will be required annually.

Hepatitis B Titre: Health care workers are to have received three doses of Hepatitis B vaccination. Immunity can then be proven by serology at your public health provider's discretion and a booster can be given as needed.

Resources:

Information regarding past immunization records can often be found in your childhood Family Physician's office, Public Health office, or Ministry of Public Health depending on which province or country you have lived.

If you require immunizations, please contact the UPEI Health and Wellness Centre, a local Public Health Office, Travel clinic, Pharmacy or Family Physician office.

I consent to the release of my immunization information to appropriate personnel to meet clinical placement/employment requirements.

Your personal information will not be used or disclosed for other purposes unless permitted by the Freedom of Information and Protection of Privacy Act and Health Information Act. If you have any questions about the collection of your personal information, contact the Privacy Officer at the University (902-894-2840).

Signature of Student: _____ Date: _____

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| Address: | | City: | |
| Province: | Postal Code: | Country: | Telephone: |

Updated July 2024