



**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:

DPTP (Diphtheria/Tetanus/Pertussis/Polio) Primary Series (Initial 4 doses)	Date of 1st dose:	Date of 2nd dose:	Date of 3rd dose:	Date of 4th dose:
Tdap Booster (Diphtheria/Tetanus/Pertussis) (Must have received within the last 10 years)	Date of Booster:			
MMR (Measles/Mumps/Rubella)	Date of 1st dose:		Date of 2nd dose: (If born after 1970)	
Varicella (Chicken Pox)	Date of 1st dose:	Date of 2nd dose:	History of Chicken Pox:	
Hepatitis B (3 dose requirement)	Date of 1st dose:	Date of 2nd dose:	Date of 3rd dose:	Date of Booster:
Influenza Immunization (Recommended and documentation required yearly)	Date of Influenza Vaccine:			
COVID-19 Vaccine	Date:		Date:	

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

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

Signature: _____ **Date:** _____
(Public Health Nurse/Nurse Practitioner/Physician)



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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:

Mantoux (TB test): A Mantoux test 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 Mantoux 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 Mantoux testing if you have travelled internationally in an endemic area.

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. * This is new as of 2016*.

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

Hepatitis B Titre: Health care workers are to receive 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 are requiring immunizations, please contact the UPEI Health and Wellness Centre, a local Public Health Office, Travel clinic, Pharmacy or Family Physician.

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

Signature of Student: _____ Date: _____

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