



CLINICAL PLACEMENT IMMUNISATION RECORD

Your program of study mandates that you comply with clinical placement requirements. Please note these requirements apply to all placements, whether in research or clinical setting. In order to protect yourself, your patients and colleagues, you must complete all these requirements. You are responsible for reviewing and following the instructions carefully and ensuring that you are providing all your documentation by the [deadlines](#).

1. General Instructions

- Failure to submit a signed and duly completed [Clinical Placement Immunisation Record](#) to the Clinical Placement Risk Management office may result in cancellation of clinical, research or internship placements.
- Agencies have reserved the right to refuse access to students who do not meet their clinical placement requirements.
- The clinical placement requirements are not subject to accommodations for philosophical reasons and only a **medical** exemption can be accepted.
- Documents that will be accepted as proof of immunization include the provincial Immunization Record, documentation signed by your health care professional (nurse, nurse practitioner or physician), or laboratory evidence (serological report).
- As per the Canadian Immunization Guide, Evergreen Edition, "Children and adults lacking adequate documentation of immunization should be considered unimmunized and started on an immunization schedule appropriate for their age and risk factors (unless known to be immune by serologic testing)".

2. Required by all programs

- **Tetanus/Diphtheria**
 - Proof of a childhood immunization record or adult primary series (at least 3 doses) is **mandatory**.
 - Proof of a booster received within the last 10 years.
- **Tetanus/Diphtheria/Acellular Pertussis - adult (Tdap)**
 - One dose of Tdap vaccine is mandatory if not previously received in adulthood (18 years of age and older)
- **Polio**
 - Proof of a childhood immunization record or adult primary series (at least 3 doses) is **mandatory**.
- **Tuberculosis**
 - Proof of a baseline two-step Tuberculin Skin Test (TST) is mandatory in addition to a yearly one-step TST.
 - Students with a history of positive TST must provide a chest x-ray report done within the past 6 months of admission. Future TST is not required but the *Tuberculosis Signs and Symptoms Self-Declaration Form* must be completed on an annual basis.
 - TST is recommended 3 months post travel to any endemic area.
 - An Interferon-gamma releases assay (IGRA), either QuantiFERON or T-SPOT-TB assay, performed within the year will be accepted in place of an annual one-step PPD.
- **Varicella/Zoster**
 - Laboratory evidence of immunity **or**
 - Documentation of a health care provider diagnosis of varicella/herpes zoster that is laboratory confirmed **or**
 - Documentation of two-doses (2) of a varicella vaccine
 - Vaccination series is required if there is no proof of immunity.
- **MMR**
 - Measles: proof of two vaccine doses or laboratory evidence of immunity.
 - Mumps: proof of two vaccine doses or laboratory evidence of immunity.
 - Rubella: proof of one vaccine dose or laboratory evidence of immunity.
- **Hepatitis B**
 - Documented evidence of a complete primary series of hepatitis B immunization.
 - Serology for hepatitis B surface antibody (anti-HBs titer) **AND** hepatitis B surface antigen (HBsAg).
 - Booster(s) required if hepatitis B surface antibody (anti-HBs titer) is negative.
 - Post-vaccination hepatitis B surface antibody serology (anti-HBs titer) is mandatory 1 month later.
- **Influenza**
 - Documented evidence of seasonal flu vaccine for the academic year.



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Clinical Placement Risk Management

3. The following documentation is voluntary, although highly recommended

- **HIV and Hep C (Voluntary testing for blood borne pathogens)**
 - We highly recommend all students know their HIV and Hepatitis C status. Like Hepatitis B, these are blood borne pathogens for which there are strict policies/restrictions for risk prone activities you may be called upon to perform as a student during your various rotations. Everyone should know their status and some universities/hospitals where you may rotate already have these requirements listed as mandatory and for which you will be asked to provide serological results.
 - You should discuss this with your care provider and are encouraged to include testing and results with your record of immunization at the University of Ottawa.
 - A positive result for any blood borne virus cannot result in you being declined by your faculty or institution, but rather would result in special accommodation that would exempt you from risk prone procedures that could put patients at risk

To verify other program-specific requirements, please refer to the [Clinical Placement Risk Management website](#).

Please email this form to your corresponding [Risk Management Nurse](#).



CLINICAL PLACEMENT IMMUNISATION RECORD

Program Year of admission: _____		
Medicine <input type="checkbox"/> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Postgraduate Elective	Health Sciences- Nursing <input type="checkbox"/> (select campus): <input type="checkbox"/> Ottawa <input type="checkbox"/> Woodroffe <input type="checkbox"/> Undergraduate Nursing Generic program <input type="checkbox"/> Undergraduate Nursing 2nd Entry <input type="checkbox"/> Undergraduate Nursing Bridging <input type="checkbox"/> Graduate Nursing MScN <input type="checkbox"/> Graduate Nursing NP	Health Sciences - Human Kinetics <input type="checkbox"/> Health Sciences- Nutrition <input type="checkbox"/> Health Sciences - Rehabilitation Sciences <input type="checkbox"/> <input type="checkbox"/> Audiology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech- Language Pathology
Name(Last): _____ (Given): _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		
Student Number: _____ Phone #: _____ E-mail: _____		
Health Care Professional (HCP) Information Every HCP who completes any part of this form must complete this section. HCP initials verify the HCP has either provided the service or the HCP has reviewed the student's adequately documented records. If more than three HCPs are involved with completing this form, print a second copy of this page.		
Attesting Signature of Health Care Professional (HCP)		
HCP #1 Name: _____ Initials: _____ Profession: _____ Address: _____ Tel: _____ Fax: _____ Signature : _____ Date: _____	Medical Clinic Stamp:	
HCP #2 Name: _____ Initials: _____ Profession: _____ Address: _____ Tel: _____ Fax: _____ Signature : _____ Date: _____	Medical Clinic Stamp:	
HCP #3 Name: _____ Initials: _____ Profession: _____ Address: _____ Tel: _____ Fax: _____ Signature : _____ Date: _____	Medical Clinic Stamp:	



1. **Pertussis** (Whooping cough): Document a one-time acellular pertussis containing immunization (Tdap or Tdap-Polio) given at age 18 years or older

Date (yyyy-mm-dd)	Type of Vaccine used	Age Received	HCP Initials

2. **Tetanus, Diphtheria, and Polio**

Document the last three tetanus/diphtheria and polio containing immunizations (minimum one month between first two doses of a series; minimum six months between last two doses; last tetanus/diphtheria immunization must be within the past ten years):

	Tetanus/Diphtheria, Date(yyyy-mm-dd)	Polio, Date (yyyy-mm-dd)	HCP Initials
Vaccine 1			
Vaccine 2			
Vaccine 3			

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

Documented 2 doses of MMR vaccine or Positive serology for antibodies (IgG) – serology reports must be attached

Documented 2 doses of Varicella vaccine or Positive serology for antibodies (IgG) – serology reports must be attached

Immunisations	Vaccine 1, Date (yyyy-mm-dd)	Vaccine 2, Date (yyyy-mm-dd)	HCP Initials
Measles Vaccine			
Mumps Vaccine			
Rubella Vaccine			
Varicella Vaccine			

For students with no record of measles, mumps or rubella immunizations a preferred approach is to immunize without checking pre-immunization serology (regardless of age), although testing serology (IgG) is an acceptable alternative to immunization. For students with no record of varicella immunizations, varicella serology must be tested. Post-immunization serology testing for measles, mumps, rubella, or varicella should NOT be done once immunization requirements have been met. **Serology lab reports must be attached.**

Serology	Test Date(yyyy-mm-dd)	Laboratory results	Interpretation (immune or non-immune)	HCP Initials
Measles IgG				
Mumps IgG				
Rubella IgG				
Varicella IgG				



4. Tuberculosis (TB)

4a. Past TB History

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Documented positive tuberculin skin test (TST) (test result to be documented in the table below), clear history of blistering TST reaction (attach record), and/or positive interferon gamma release assay (IGRA) test (attach report).
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Previous diagnosis and/or treatment for TB disease or TB infection

If you answered YES to either of these 2 questions complete section 4b.
If you answered NO to both questions complete section 4c.

4b. Documented Positive TB skin test. If "Yes" applies to the student on each of the above two questions, documentation of the positive TST is required

	Date Given (Implantation) (yyyy-mm-dd)	Date Read (yyyy-mm-dd)	Millimeters of Induration	Interpretation according to Canadian TB standards	HCP Initials
Positive TST					

If a student has a positive TST documented or any other positive TB history, the student must submit a chest X-ray report. The chest X-ray must be obtained subsequent to the positive TST or positive TB history. **The chest X-ray report must be attached**

	Date Obtained (yyyy-mm-dd)	Result	Report attached	HCP Initials
Chest X-ray		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If any abnormalities of the lung or pleura are noted on the chest X-ray report, documentation from a physician is required explaining the findings. Physicians must attach a letter.

4c. Two Step TB If "No" applies to the student on each of the above two questions (Section 4a), documentation of a two-step TST is required (two separate tests, ideally 7-28 days apart but may be up to 12 months apart). A two-step TST given at any time in the past is acceptable; a two-step TST does not need to be repeated. There must be 48-72 hours between Implantation and reading.

	Date Given (Implantation) (yyyy-mm-dd)	Date Read (yyyy-mm-dd)	Millimeters of Induration	Interpretation according to Canadian TB standards	HCP Initials
Step 1: TST					
Step 2: TST					

Annual One-step TB

If the two-step TST was done more than one year ago, the student needs to have a single TST performed.

	Date Given (Implantation) (yyyy-mm-dd)	Date Read (yyyy-mm-dd)	Millimeters of Induration	Interpretation according to Canadian TB standards	HCP Initials
1-Step TST					



5. Hepatitis B

Immunisations	Date (yyyy-mm-dd)	Type of Vaccine	HCP Initials
Vaccine 1			
Vaccine 2			
Vaccine 3 (if required)			
Vaccine 4 (if required)			
Vaccine 5 (if required)			
Vaccine 6 (if required)			

* If information on the name of the vaccine given is no longer available, simply document the date of the immunization.

Serology: If the student is immune, only the most recent positive antibody to hepatitis B surface antigen (anti-HBs) is required. If the student is a vaccine non-responder who cannot achieve immunity despite two complete hepatitis B series, only the most recent negative post-immunization anti-HBs is required. All students must have a test for hepatitis B surface antigen (HBsAg) conducted on or after the time of the assessment for hepatitis B immunity. **Serology lab reports must be attached.**

	Date (yyyy-mm-dd)	Laboratory result	Interpretation (immune or non-immune)	HCP Initials
Anti-HBs (HBsAb)				
HBsAg				

6. Influenza

An up-to-date seasonal influenza immunization is required.

	Date (yyyy-mm-dd)	HCP Initials
Current seasonal influenza vaccine		

To verify other program-specific requirements, please refer to our website: <http://www.uottawa.ca/services/ehss/CPRM-Deadlines.html>

Please return this form to Clinical Placement Risk Management Team 1 Nicholas, suite 1216 Ottawa, ON K1N 7B7. You may also email this form to your corresponding Risk Management Nurse: <http://www.uottawa.ca/services/ehss/CPRM.html>.