The University of Ottawa and the Office of Risk Management requires that you undergo routine immunizations and consult with a travel health clinic for travel immunizations. Please note that travel immunizations will differ from one person to another because the recommended immunizations are based on the location, duration, and nature of the international placement. In order to protect yourself, your clients/patients and your colleagues, you must complete the recommended requirements, which consist of routine immunizations and proof of consultation with a travel health clinic. You are responsible for carefully reviewing the following instructions and for providing all documentation by the deadlines set by your Risk Management Nurse Advisor.

1. General Instructions
   - Student placement requirements are not subject to accommodations for philosophical reasons: only a medical exemption may be accepted.
   - Documents that will be accepted as proof of immunization include: a provincial immunization record, documentation signed by your health care professional (nurse, nurse practitioner or physician); or laboratory evidence (serological report).
   - As specified in 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
   - Routine immunizations - recommended primary series of immunizations or routine booster doses
     These requirements apply to ALL placements
     - Tetanus/Diphtheria
     - Tetanus/Diphtheria/Acellular Pertussis - adult (Tdap)
     - *Polio – May need adult booster
     - Tuberculosis
     - Varicella/Zoster
     - MMR (Measles, Mumps, Rubella)
     - Hepatitis B
     - Influenza
   - For more information on routine immunizations, refer to the Student Placement Requirements Record.

3. Travel immunizations
   Based on the location, duration, and nature of the international placement, the following vaccines may be recommended by the travel health clinic. Please note that travel vaccines will differ for each individual. Recommendations are subject to change upon notice of outbreaks.
   - Hepatitis A
     - Hepatitis A is a liver disease spread by contaminated food and water
     - Hepatitis A is one of the most common vaccine-preventable diseases to which travellers are exposed.
   - Typhoid
     - Typhoid fever is a serious disease spread by contaminated food and water
     - Travellers to South Asia (including Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) should consider the vaccine
     - The typhoid vaccine may be required for those travelling outside of South Asia, based on risk factors specific to the individual (i.e. visiting residents of the country in their homes, long stay, rural environment)
   - Meningococcal
     - Meningitis is an inflammation (swelling) of the protective membranes covering the brain and spinal cord. The infection is spread by close contact with respiratory droplets from the nose and throat of an infected person
     - Recommended for travellers going to the “meningitis belt” of sub-Saharan Africa
Yellow Fever (YF)
- YF is an acute viral haemorrhagic disease spread by the bite of an infected mosquito
- YF vaccine may be recommended for those travelling to yellow fever risk areas in Africa and Central and South America
  - Documented proof of the YF vaccine may be required by customs before entering certain countries
  - Proof must be documented on a valid International Certificate of Vaccination or Prophylaxis or proof of International Certificate of Medical Contraindication to Vaccination

Cholera
- Cholera is a severe case of watery diarrhea spread by contaminated food and water

Rabies
- Rabies is a fatal disease affecting the central nervous system (brain and spinal cord). It is transmitted through a bite or scratch of an infected animal (virus found in the saliva)

Japanese encephalitis (JE)
- JE is an infection of the brain spread by the bite of an infected mosquito

Polio – Adult Booster
- Required for stays of more than 4 weeks in high risk countries
- Proof of one adult dose, received between 4 weeks and 12 months before the date of departure from the country
  - Must be documented on a valid International Certificate of Vaccination or Prophylaxis

Post-Travel Tuberculosis
- Recommended after return for stays 1 month or longer in endemic area and for those with anticipated exposure in prisons, homeless shelters, refugee camps, or shanty towns
- Proof of one-step Tuberculin Skin Test (TST) 8-10 weeks post travel

4. Health consultation
Travellers can be exposed to different health risks when travelling abroad. In addition to the pre-travel vaccines, the travel health clinic provides education on various topics, including anticipated health risks and prevention methods.

Based on the location, duration, and nature of the international placement, the following topics may be discussed. Please note the topics will differ for each individual. Recommendations are subject to change upon notice of outbreaks.

- Altitude
- Food and water precautions
- Traveller’s diarrhea
- Deep vein thrombosis (DVT)
- Dengue fever/ chikungunya/ zika
- Malaria
- Rabies
- Schistosomiasis
- Sexually transmitted infections (STIs)
- Post-exposure prophylaxis for HIV

Please send this form by email to your Risk Management Nurse Advisor at ehss4@uOttawa.ca.
INTERNATIONAL PLACEMENT REQUIREMENTS RECORD

**Program**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Social Sciences</th>
<th>Rehabilitation</th>
<th>Human Kinetics</th>
<th>Nutrition</th>
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<tbody>
<tr>
<td>☐ Undergraduate</td>
<td>☐ Simulations (NY)</td>
<td>☐ Audiology</td>
<td>☐ Audiology</td>
<td>☐ Nutrition</td>
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<tr>
<td>☐ Postgraduate</td>
<td>☐ Field Research</td>
<td>☐ Occupational Therapy</td>
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<td>☐ International Placement</td>
<td>☐ Physiotherapy</td>
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<td></td>
<td>☐ Nutrition</td>
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</tbody>
</table>

**Year of admission:**

**Student Number:**

**Year of admission:** 20

**Email:**

**Telephone #:**

**Date of birth (yy/mm/dd):**

□ Male □ Female

**Health Care Professional (HCP) Information**

Every HCP who completes any part of this form must complete this section. The HCP initials to attest that 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 in 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. **Travel Immunizations**
   Please indicate any vaccines given

<table>
<thead>
<tr>
<th>Date (yy-mm-dd)</th>
<th>Vaccine Brand Name</th>
<th>Diseases</th>
<th>Lot Number</th>
<th>HCP Initials</th>
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<tbody>
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</tbody>
</table>

2. **Health Consultation**
   Please initial beside each travel-related topic covered during the consultation.

<table>
<thead>
<tr>
<th>Travel-Related Topics</th>
<th>HCP Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altitude</td>
<td></td>
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<tr>
<td>Food and water precautions</td>
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<tr>
<td>Post-exposure prophylaxis for HIV</td>
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</tbody>
</table>
Post-Travel Tuberculosis TB

Proof of one-step Tuberculin Skin Test (TST) 8-10 weeks post-travel.

* Required after return for stays one month or longer in endemic areas.

<table>
<thead>
<tr>
<th>Date Given (Implantation) (yy-mm-dd)</th>
<th>Date Read (yy-mm-dd)</th>
<th>Millimeters of Induration</th>
<th>Interpretation according to Canadian TB standards</th>
<th>HCP Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Step TST</td>
<td></td>
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</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Date Obtained (yy-mm-dd)</th>
<th>Result</th>
<th>Report attached</th>
<th>HCP Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest X-ray</td>
<td>[ ] Normal [ ] Abnormal</td>
<td>[ ] Yes [ ] No</td>
<td></td>
</tr>
</tbody>
</table>

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.

Additional comments by HCP (i.e. Rx given, refusal, adverse reaction to vaccines): ________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

HCP Initials ____________________

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