

## DIRECTIONS FOR COMPLETING IMMUNIZATION REQUIREMENTS AND WORKSHEET

- 1. Please complete the Student Immunization Worksheet and schedule an immunization/test appointment **IMMEDIATELY. Immunization** requirements can take weeks and in some cases months to complete.
- 2. Please be aware that there are costs associated with being immunized, numerous clinic visits will be necessary, and there will be possible wait times. The cost is dependent on how many vaccines/tests you require and the jurisdiction in which you normally reside.
- 3. Please note that, in accordance with new Alberta-wide guidelines, documentary evidence of immunizations and blood work is required for all vaccinations and tests. It is NOT sufficient to have a health professional sign the form indicating that the vaccination or lab work has been completed. You must submit photocopied proof of these documents with the worksheet. If no documentary evidence is available, you will be required to undergo re-immunization, and/or repeat testing.
- 4. If you do not have your immunization records the following may be a useful resource:
  - a. If you have an online MyHealth Records Alberta account <u>https://myhealth.alberta.ca/myhealthrecords (</u>Or the online heath record system in your province)
  - b. From Calgary, contact Central Records at (403) 214-3641.
  - c. Outside of Calgary, contact your local health unit or the healthcare professional/agency where you were immunized
  - d. Parents or guardians.
- 5. The Foothills campus of the University of Calgary is closely interconnected with Alberta Health Services (AHS). Students studying/working on this campus are required to meet the AHS learner standard for immunization. This is also reflected in the University of Calgary Calendar. In addition, all listed immunizations on the immunization worksheet are NECESSARY for you to work/study/research in these settings. THEY ARE NOT OPTIONAL. Evidence of immunizations and blood work must be presented before the start of classes.
- 6. To complete needed immunizations/tests:
  - From Calgary, make an appointment at SU Wellness Centre by scanning this QR code or clicking on the below link (BRING A COPY OF THE COMPLETED IMMUNIZATION WORKSHEET AS WELL AS YOUR IMMUNIZATION RECORDS WITH YOU). <u>https://www.ucalgary.ca/wellness-services/services/medical-services</u>



- D & M Travel Pharmacy and Clinic (587 353-0377) will also see students (mention you are a U of C student for a discount). Please note depending on what immunizations/test you need and your insurance type this route could be the same price as the SU Wellness. But if you need lots of vaccines and don't have insurance going the private clinic route will be more costly. It is advisable to price check. (BRING COPY OF THE COMPLETED IMMUNIZATION WORKSHEET and a PHOTOCOPY of your immunization records WITH YOU).
- c. Outside of Calgary, go to your local health clinic or physician, **(BRING A COPY OF THE IMMUNIZATION WORKSHEET AND A PHOTOCOPY OF YOUR IMMUNIZATION RECORDS WITH YOU).**

### 7. Deadline for submission of Immunization Worksheet and copies of all immunization records/tests is August 5, 2024 (even if incomplete)

It is the student's responsibility to ensure this form and accompanying proof are completed and submitted by this deadline. If you are having difficulty completing the worksheet, please connect with the Immunization Specialist (<u>mpasimmune@ucalgary.ca</u>) prior to this deadline.

- a. If incomplete, please attach a detailed plan outlining when your appointments are scheduled to complete the requirements.
- b. Immunization worksheet and copies of all immunization records/test can be submitted via scan or by emailing pictures of documents to mpasimmune@ucalgary.ca
- c. Outstanding requirements need to be completed by August 26, 2024. The only exception is if you have to wait for an immunization or test because of a timing issue i.e. you had a second dose of Hep B and now need to wait 5 months for your third dose. Please note that, this agreement notwithstanding, students without completed immunizations are at risk of being removed from research or practicum environments.

### 8. Questions?

- a. Refer to the requirements column on the Student Immunization Worksheet, information/rationale for each vaccine is given.
- b. Email: <u>mpasimmune@ucalgary.ca</u>



# **IMMUNIZATION WORKSHEET – MPAS PROGRAM**

| LAST NAME:      | FIRST NAME:  |
|-----------------|--------------|
| PREFERRED NAME: | DOB (M/D/Y): |
| UCID#:          | EMAIL:       |

## REMEMBER TO SUBMIT COPIES OF ALL IMMUNIZATION RECORDS AND TEST RESULTS WITH THIS WORKSHEET

| VACCINE                     | REQUIREMENT   | DATE (Month/Day/Year)   |
|-----------------------------|---|---|
| Tetanus<br>Diphtheria       | Primary series of $\ge$ 3 doses of tetanus and diphtheria. If no proof of the $\ge$ 3 doses you will need to be revaccinated.   | Primary series complete Yes □ No □<br>Last dose of Td vaccine:                          |
|                             | A reinforcing dose of Td within the last 10 years. This will more than likely be given with your adulthood dose of pertussis in the form of a dTap, Tdap, boostrix, Adacel.   | Month/Day/Year  |
| Pertussis                   | One adulthood dose (on or after 18 years of age) of pertussis containing vaccine. <b>Regardless of when the last dose was given.</b>  | Adulthood dose of dTap:<br>   |
| Polio                       | Primary series of $\ge$ 3 doses of polio. If no proof of the $\ge$ 3 doses you will need to be revaccinated.  | Primary series complete Yes   No  Adulthood dose of Polio vaccine:                      |
|                             | One adulthood dose (on or after 18 years of age) of polio containing vaccine.<br>Regardless of when the last dose was given.  | Month/Day/Year  |
| Measles<br>Mumps<br>Rubella | Two doses of MMR vaccine on or after your first birthday. If you don't have<br>proof of two doses, you will need to be revaccinated.<br>It is acceptable if the measles, mumps, and rubella antigens have been given<br>separately instead of together in an MMR formulation.<br>Serological testing is not accepted as the mumps titre is NOT considered valid<br>in Alberta. If you do NOT have documentation, you will need to be<br>revaccinated. | #1:<br>Month/Day/Year<br>#2:<br>Month/Day/Year  |
| Varicella                   | If you have been vaccinated, please provide dates of vaccinations. Please<br>note that two doses of varicella vaccine are required. If you have only<br>received one dose in the past, a second dose is required.<br>If you have had the chickenpox, you will need to have a blood test done to<br>confirm immunity. If you are NOT immune, you will need to be vaccinated.   | #1:<br>Month/Day/Year<br>#2:<br>OR<br>Varicella titre:<br>Result: Immune D Not Immune D |
| Hepatitis B                 | A complete Hep B series. If no proof of a complete series, you will need to be<br>revaccinated. A three-dose series is the norm. However, a valid 2 dose or 4<br>dose series will also be accepted if it meets the appropriate timing intervals.  | #1:<br>#2:<br>Month/Day/Year<br>#3:<br>Month/Day/Year                                   |

| Hepatitis B<br>Blood<br>Testing | A Hep B antibody (anti-HBs) and Hep B antigen (HBsAg) blood test must be<br>completed a minimum of 1 month after your last dose of Hep B vaccine (it<br>fine if they are completed years later).<br>If you are at higher risk of having a past Hep B infection, you will need to have<br>a Hep B core (anti-HBc) done as well. You are considered to be higher risk if<br>you have: lived in an endemic country, have had repeated blood transfusions<br>or blood products, have been on dialysis or have lifestyle risks.<br>If HBsAg is positive please discuss this result with your physician and have<br>them forward this information to Communicable Disease, Calgary (1-855-444-<br>2324). As well, students will need to meet with the Immunization Specialist to<br>discuss the results.  | Anti-HBS titre Date: Month/Day/Year Result: Immune  Not Immune  HBsAg titre Date: Month/Day/Year Result: Reactive  Non-reactive  If Required: Anti-HBc titre Date: Month/Day/Year Result: Reactive  Non-reactive                   |
|---------------------------------|---|--|
| Tuberculosis<br>Testing         | A Mantoux test is a test for tuberculosis. You need to have a current Mantoux testing done (completed within the last 6 months). If you have never had a two-step Mantoux test, then you need to have a two-step test done. If you have previously had a two-step test done, then please provide proof of it and just do a current one-step test.<br>If you have a positive reaction to your Mantoux test then you need to follow up with a chest x-ray and possibly TB services.<br>If you have proof of a previously positive Mantoux test, do NOT have another Mantoux test. Instead, you need to have a chest x-ray dated subsequent to the positive test. A repeat chest x-ray is not needed unless there is medical indication.<br>If you have received a live vaccine such as varicella, MMR or a COVID vaccine you must wait one month to have a Mantoux test done. | <pre>#1Mantoux Read: Mantoux Result:<br/>mm<br/>Month/Day/Year<br/>#2 Mantoux Read: Mantoux Result:<br/>mm<br/>Month/Day/Year<br/>If Required:<br/>Chest x-ray:<br/>Date:<br/>Month/Day/Year<br/>Result: Normal □ Abnormal □</pre> |
|                                 | Optional Immunizations (STRONGLY RECCOMENDED)   |  |
| COVID-19                        | A complete series of a Health Canada approved COVID-19 vaccine is strongly recommended. As well as COVID-19 booster as directed by Public Health.<br>Students are reminded that NOT having their COVID vaccines could impact their clinical experience (locally, in an outbreak situation, or externally for provinces where it is mandatory).  | You do not have to submit proof of COVID<br>but should ensure you keep a copy in case<br>someone requests to see it.   |
| Seasonal<br>Influenza           | Each fall a new seasonal influenza vaccination is released. We highly<br>encourage students to receive this.<br>Students are reminded that NOT having their yearly influenza vaccine could<br>impact their clinical experience (locally, in an outbreak situation, or externally<br>for provinces where it is mandatory).   | Proof of seasonal influenza will be<br>collected each fall once the new vaccine is<br>available.   |

Freedom of Information and Protection of Privacy Act The information that you provide on this form is collected under the authority of the Post-Secondary Learning Act. It will form part of your student record and for clinical placement purposes. If you have any questions about the collection or use of this information, contact the Faculty of Medicine UME Office.



# STUDENT IMMUNIZATION/N95 ACKNOWLEDGEMENT AND CONSENT

I hereby acknowledge:

- 1. That as a student in the University of Calgary, Cumming School of Medicine, Masters of Physician Assistant Studies, in order to meet the program requirements and complete various onsite and offsite clinical components, I must be immunized against and/or tested for communicable diseases and be N95 fit tested.
- 2. That the University of Calgary, Cumming School of Medicine, has the right to withdraw me from a clinical site if the University deems it to be in my best interest, or the best interests of those at the clinical site; or to set certain standards and conditions that must be met before allowing me to enter upon or return to a clinical site.
- 3. That those entities (clinical providers) which host me at a clinical site have the right to withdraw the opportunity for clinical experience at their sole discretion sole and to set standards and requirements for clinical experience.
- 4. That the University of Calgary, Cumming School of Medicine, after consultation with the clinical providers and public health authorities, have determined that in order to participate in clinical it is mandatory for students to be immunized against/tested for:
  - polio, tetanus, diphtheria, pertussis, measles, mumps, rubella, varicella (if blood work does not confirm immunity), Hepatitis B (confirmed with Hepatitis B antibody and antigen testing) and tuberculosis (confirmed with mantoux testing). Exceptions may be made for valid, documented medical and/or religious reasons.
  - N95 fit tested, as organized and completed by the Masters of Physician Assistant Studies program. Exceptions may be made for valid, documented medical and/or religious reasons.
- 5. That as a clinical student, in choosing not to be immunized seasonal influenza, COVID-19, or any other new communicable disease not requiring mandatory immunization as a result of my clinical placement, I may be at greater risk of contracting the illness for which the immunization is intended to prevent.

The University of Calgary, Cumming School of Medicine, after consultation with clinical providers and public health authorities, has determined that those students immunized against seasonal influenza, COVID-19, or any other new communicable disease not requiring mandatory immunization, for reasons of health and safety, will have greater access to clinical opportunities than those who are not. Choosing not to obtain the above-named non-mandatory immunization may result in delay of clinical opportunity, or failure to complete the required clinical altogether resulting in failure to graduate. Every reasonable effort will be made by the University of Calgary, Cumming School of Medicine, to accommodate me if I choose not to obtain the above-named immunization; however, the University of Calgary, Cumming School of Medicine, does not guarantee access to clinical in that event.

6. That falsification of any immunization/N95 documents will result in immediate expulsion from the University of Calgary, Cumming School of Medicine, and Masters of Physician Assistant Studies program.

I hereby acknowledge the conditions related to the aforementioned information and consent that I will have all of the mandatory immunizations/tests and N95 fit testing and accept all of the risks associated with choosing not to obtain seasonal influenza immunization, COVID-19 or any new communicable disease, such risks include, but are not limited to the delay of, or failure to complete the clinical component of my program, illness or death.

| Student Printed Name: | ID#:  |
|-----------------------|-------|
| Student Signature:    | Date: |
|                       |       |

Freedom of Information and Protection of Privacy Act

Updated March 6/23

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