



DIRECTIONS FOR COMPLETING IMMUNIZATION REQUIREMENTS AND WORKSHEET

Please Note: Due to COVID-19 the deadline to have these requirements completed is now extended/flexible. Please be aware at the current time due to COVID-19 you will be unable to receive any updated immunizations/tests as these services have been put on hold. While you wait for these services to resume we recommend that you work on finding/obtaining copies of your immunization documents...please ensure you do this via phone/email and NOT in person.

1. Fill out the attached Student Immunization Worksheet and start scheduling immunizations/test appointments **IMMEDIATELY. Requirements take weeks and in some cases months to complete (See COVID statement above)**
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/test you require.
3. Please note that in accordance with new Alberta-wide guidelines and AFMC standards, **documentary evidence** of immunizations and blood work is **required** for all vaccinations and tests. It is NOT sufficient to simply 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 people/organizations may be a useful resource:
 - a. From Calgary, contact Central Records at (403) 214-3641. From Edmonton, contact 780-413-7985.
 - b. Outside of Calgary, contact your local health unit or the healthcare professional/agency that immunized you. If you are unable to find contact info for public health in another province Central Records in Calgary (contact info above) may be able to assist you with this.
 - c. Parents.
5. All listed immunizations are **NECESSARY** for you to work in hospitals or other health care facilities. **THEY ARE NOT OPTIONAL.** If immunizations/tests are not completed you may not participate in direct clinical activities until these documents are provided. Students participate in clinical settings beginning with the first course of year one; this means evidence of immunizations and blood work must be presented before the start of classes.
6. To complete needed immunizations/tests: **(See COVID statement above)**
 - a. From Calgary, make an appointment at SU Wellness Centre (210-9355) on U of C campus **(BRING A FILLED OUT COPY OF THE IMMUNIZATION WORKSHEET and a PHOTOCOPY of your immunization records WITH YOU).**
 - b. Outside of Calgary, go to your local health clinic or physician **(BRING A FILLED OUT 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 June 19, 2020** (even if incomplete) **(if you have been able to obtain your immunization records, please complete the form with what you have and submit)**
 - 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 immunization@ucalgary.ca
 - c. Outstanding requirements need to be completed by July 6, 2020 **(See COVID statement above)** 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 clinical experiences
8. Questions?
 - a. Refer to the requirements column on the Student Immunization Worksheet, information and rationale for each immunization is given.
 - b. Email: immunization@ucalgary.ca

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.



Last Name: _____	First Name: _____	Maiden Name or AKA: _____
UCID#: _____	Date of Birth: _____	Email: _____
Home Phone #: _____	Cell Phone #: _____	

*****Remember to submit scans of ALL IMMUNIZATION RECORDS and TEST RESULTS with this worksheet*****

Vaccine	Requirements	Results
Tetanus, Diphtheria	<ul style="list-style-type: none"> Primary series of ≥ 3 doses of tetanus and diphtheria. If no proof of the ≥ 3 doses you will need to be revaccinated. 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. 	Primary series complete Yes <input type="checkbox"/> No <input type="checkbox"/> Last dose of Td vaccine: _____ <div style="text-align: center; font-size: small;">Month/Day/Year</div>
Pertussis	<ul style="list-style-type: none"> One adulthood dose (on or after 18 years of age) of pertussis containing vaccine. 	Adulthood dose of dTap: _____ <div style="text-align: center; font-size: small;">Month/Day/Year</div>
Polio	<ul style="list-style-type: none"> Primary series of ≥ 3 doses of polio. If no proof of the ≥ 3 doses you will need to be revaccinated. 	Primary series complete Yes <input type="checkbox"/> No <input type="checkbox"/> Last dose of polio vaccine: _____ <div style="text-align: center; font-size: small;">Month/Day/Year</div>
Measles, Mumps, Rubella	<ul style="list-style-type: none"> Two doses of MMR vaccine on or after your first birthday. If you don't have proof of two doses you will need to be revaccinated. It is ok if the measles, mumps, and rubella antigens have been given separately instead of together in a MMR. Serological testing is not accepted; as the mumps titre is NOT considered valid. If you do NOT have documentation you will need to be revaccinated. 	MMR vaccine #1: _____ <div style="text-align: center; font-size: small;">Month/Day/Year</div> MMR vaccine #2: _____ <div style="text-align: center; font-size: small;">Month/Day/Year</div>
Varicella	<ul style="list-style-type: none"> If you have had the chickenpox please have a blood test done to confirm immunity. If you don't show immunity you need to be vaccinated. If you have been vaccinated please provide dates of 2 varicella vaccinations given on or after your first birthday. Ideally, given a minimum of six weeks apart (absolute minimum 28 days apart). 	Varicella Titre: Date: _____ <div style="text-align: center; font-size: small;">Month/Day/Year</div> Result: Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> OR Varicella vaccine #1: _____ <div style="text-align: center; font-size: small;">Month/Day/Year</div> Varicella vaccine #2: _____ <div style="text-align: center; font-size: small;">Month/Day/Year</div>
Hepatitis B	<ul style="list-style-type: none"> A complete Hep B series. If no proof of a complete series you will need to be revaccinated. A three dose series is the norm. However, a valid 2 dose or 4 dose series will also be accepted if it meets the appropriate timing intervals 	Hep B vaccination: #1 _____ #2 _____ #3 _____ <div style="text-align: center; font-size: small;">Month/Day/Year</div>



MEDICAL STUDENT IMMUNIZATION WORKSHEET (2020/21)

Vaccine	Requirement	Results
Hepatitis B Blood Testing	<ul style="list-style-type: none"> A Hep B antibody (anti-HBs) and Hep B antigen (HBsAg) blood test must be completed a minimum of 1 month after your last dose of Hep B vaccine (it fine if they are completed years later). If you are at higher risk of having a past Hep B infection, you will need to have a Hep B core (anti-HBc) done as well. You are considered to be higher risk if you have: lived in an endemic country, have had repeated blood transfusions or blood products, have been on dialysis or have lifestyle risks. If HBsAg is positive please discuss this result with your physician and have them forward this information to Communicable Disease, Calgary (403 955-6750). As well please contact the College of Physician and Surgeons of Alberta http://www.cpsa.ca/standardspractice/self-reporting-college/ for disclosure and proper clearance. Documentation from the CPSA will need to be obtained and submitted to UME, this information will then be shared with the Associate and Assistant Deans. 	<p>Anti-HBs titre: Date: _____ Month/Day/Year</p> <p>Result: Immune <input type="checkbox"/> Not Immune <input type="checkbox"/></p> <p>HBsAg titre: Date: _____ Month/Day/Year</p> <p>Result: Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/></p> <p>If Required: Anti-HBc titre: Date: _____ Month/Day/Year</p> <p>Results: Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/></p>
Tuberculosis Testing	<ul style="list-style-type: none"> 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. 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 If you have proof of a previously positive Mantoux test...do NOT have another Mantoux test...you need to have had a chest x-ray dated subsequent to the positive test. A repeat chest x-ray is not needed unless there is medical indication. If you have received a live vaccine such as varicella or MMR you must wait one month to have a Mantoux test done. 	<p>#1 Mantoux Read: _____ Mantoux Result: _____ Month/Day/Year mm</p> <p>#2 Mantoux Read: _____ Mantoux Result: _____ Month/Day/Year mm</p> <p>If Required: Chest x-ray: _____ Month/Day/Year</p> <p>Result of chest x-ray Normal <input type="checkbox"/> Abnormal <input type="checkbox"/></p>
HIV and Hepatitis C Testing	<ul style="list-style-type: none"> Please note some schools and/or health authorities require HIV and Hep C blood testing for out of province electives. Thus, you may want to complete these tests on admission with your other blood tests. Please note it is not necessary to submit this information to U of C. However, when you have these tests done if your results are reactive you must report this result to the College of Physician and Surgeons of Alberta http://www.cpsa.ca/standardspractice/self-reporting-college/ for disclosure and proper clearance. Documentation from the CPSA will need to be obtained and submitted to UME, this information will then be shared with the Associate and Assistant Deans. 	<p>See information to the left. These tests are NOT needed for U of C</p>
Seasonal Influenza	<ul style="list-style-type: none"> Each fall a new seasonal influenza vaccination is released. We highly encourage students to receive this. Students are reminded that NOT having their yearly seasonal influenza vaccine could impact their clinical experience (locally, in an outbreak situation, or externally for provinces where it is mandatory). 	<p>Proof of seasonal influenza will be collected in the fall once the new vaccine is available</p>

Student Immunization/N95 Acknowledgement and Consent

I hereby acknowledge:

1. That as a student in the University of Calgary, Cumming School of Medicine, Undergraduate Medical Education Program, 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 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 Undergraduate Medical Education Office (UME) in year two. 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, 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, 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 Undergraduate Medical Education 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 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: _____