

IMMUNIZATION INSTRUCTIONS

INSTRUCTIONS TO HEALTH OFFICIAL

Please complete the attached immunization record and include a print-out of an official immunization record from the appropriate Health Authority. All sections must be filled out with dates and signatures in order for the form to be accepted. Ensure the applicant receives all necessary booster shots and testing.

INSTRUCTIONS TO STUDENTS

Take this Immunization Record Form with you when obtaining your immunization to be completed by a health official and/or obtain a print-out from that same health official.

IMMUNIZATION REQUIREMENTS AND GENERAL INFORMATION

1. This information pertains to applicants in the following programs: Nursing Unit Clerk, Pharmacy Technician, Bachelor of Science in Nursing, Health Care Assistant, and Practical Nursing.
 - a. Tuberculin Test: 5 TU of PPD, read in 48-72 hours, unless individual is a positive reactor. Cost of the test is the student's responsibility.
 - b. Chest X-ray: if positive reaction.
2. Most immunizations, with the exception of TB testing can be done for free at any Public Health Unit or community pharmacy, but you must make an appointment. You can also have them done at a Travel Clinic, but you will pay a consulting fee.
3. Diphtheria, Pertussis, Tetanus: Primary series, and reinforcing immunization for Diphtheria and Tetanus if more than 10 years have elapsed since previous immunization; one reinforcing dose for Pertussis is required in adulthood. (There may be a cost associated with this.)
4. Poliomyelitis: Primary immunization is recommended for all health care workers (HCWs). Administer a single booster dose 10 years after primary series for HCWs, including laboratory workers, who may be exposed to feces.
5. Rubella (Measles): two doses of live, attenuated vaccine, if born after 1957 or serological test indicating immunity.
6. Rubella: one dose live, attenuated vaccine, if born on or after January 1, 1957 or serological test indicating immunity.
7. Mumps: one dose of vaccine if born between 1957 to 1969 (inclusive), or two doses if born on or after January 1, 1970.
8. T.B. Testing: **Please complete your TB skin test no sooner than six months prior to your first clinical placement.** If you are unsure about your clinical dates, check with your program coordinator/instructor for clarification regarding when to complete the TB testing. It is important that your TB skin test results are no more than six months old before entering your clinical practice.
9. Hepatitis B: Complete a two or three dose series (age dependent) and provide serology test results for HBsAg, anti-HBs and anti-HBc Total.
 - If anti-HBs < 10IU/L AND anti-HBs is detectable provide 1 dose of vaccine and retest 4 weeks later.
 - If level is ≥ 10 IU/L, consider as immune and no further doses are required.
 - If anti-HBs is undetectable provide a second series and retest 4 weeks later.
10. Varicella (Chickenpox): Assess need for vaccination. This vaccine is only administered to those that have not had the disease. A self-reported history of varicella or physician diagnosed varicella is adequate only if the disease occurred before 2004. If the disease occurred after 2004, it must be confirmed by lab results.
11. Meningococcal C: Recommended only for research, industrial, and clinical laboratory personnel who are routinely exposed to N. meningitidis. Contact your program coordinator if you are unsure.
12. Influenza: administered annually in the fall.
13. COVID-19: The Provincial Health Officer no longer mandates that health care workers in BC be vaccinated against COVID-19, but requires a record of COVID-19 vaccination status. Private health care facilities may still require COVID-19 vaccination. Contact your program coordinator if you have questions.

IMMUNIZATION INSTRUCTIONS

INSTRUCTIONS FOR APPLICANT

1. Most immunizations are done free of charge by Health Units in BC or community pharmacies.
2. Arrangements for a chest X-ray, if required, can also be made through local health units or family physician.
- 3. Take the Immunization Record Form with you when obtaining your immunization to be completed by a health official.
Note: non-local students must take this form to your local public health unit or community pharmacy**
4. Students who have not met the immunization requirements **will not** be permitted to attend practice experiences.
5. Any costs involved in meeting the above requirements are the responsibility of the student.
6. Public Health Units do not keep records from many years ago. Bring any records of past immunizations you have with you to the Health Unit to assist the Public Health Nurse, Travel Nurse or Pharmacist to complete the Immunization Record.
7. The Immunization Record is not to be filled out by the Applicant.

HEALTH UNIT/TRAVEL CLINIC CONTACT INFORMATION

- The Castlegar Public Health Unit is located in the Castlegar Health Centre. Phone: (250) 365-7711 between 0830-1630
- Nelson Public Health Unit, 2nd Floor 333 Victoria Street.
Phone: (250) 505-7200
- Trail Public Health – Kiro Wellness Centre, 2-1500 Columbia Ave
Phone: (250) 364-6219
- Or visit your local community pharmacy



Health and
Human Services

PUBLIC HEALTH UNIT
PHYSICIAN'S OFFICE STAMP

Student Name:

Selkirk College Student ID:

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Student Mailing Address:

IMMUNIZATION RECORD

TO BE COMPLETED BY HEALTH OFFICIAL

PRIMARY IMMUNIZATION

DPT	Primary Series: First Dose Date (dd/mm/yyyy)	Primary Series: Second Dose Date (dd/mm/yyyy)	Primary Series: Third Dose Date (dd/mm/yyyy)	Most Recent Reinforcing Dose Date (dd/mm/yyyy)	Initials
Diphtheria					
Pertussis			NOT REQUIRED		
Tetanus					
Poliomyelitis					
	First Dose Date (dd/mm/yyyy)	2nd Dose Date (dd/mm/yyyy)	3rd Dose Date (dd/mm/yyyy)	Serology Test Result	Initials
Measles ⁱ				NOT REQUIRED	
Mumps ⁱⁱ				NOT REQUIRED	
Rubella ⁱⁱⁱ		NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	
Hepatitis B ^{iv}					
*Meningococcal B			NOT REQUIRED	NOT REQUIRED	

**Only required for those routinely exposed to N.meningitidis and not provided for free.*

VARICELLA

Document history of disease occurring before 2004? ☐ Yes: Year _____ ☐ No

Varicella Antibody Test (If no history of disease before 2004) Date: _____ Result: _____ Initials: _____

Varicella Vaccine (If immunity not documented): _____ Date: _____ Initials: _____

☐ First Dose, Date: _____ ☐ Second Dose, Date: _____

KEEP THE ORIGINAL DOCUMENT AND SEND A SCANNED COPY TO: hhsadmissions@selkirk.ca



Health and
Human Services

PUBLIC HEALTH UNIT
PHYSICIAN'S OFFICE STAMP

Student Name:

Selkirk College Student ID:

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Student Mailing Address:

IMMUNIZATION RECORD

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INFLUENZA (ANNUALLY)

☐ Date of Last Dose: _____ Initials: _____

COVID-19 PRIMARY SERIES

☐ First Dose, Date: _____ ☐ Second Dose, Date: _____ Initials: _____

TUBERCULIN TEST

Please complete your TB skin test after acceptance to the program and during your first semester of studies. This will ensure your TB testing results are no more than 6 months old before entering the practice area.

Date: _____ Result: _____ Initials: _____

Chest X-Ray (if positive reactor):

I certify that the above information is accurate and up to date:

STUDENT SIGNATURE

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ⁱ If born after 1957 requires two doses of vaccine or serological test indicating immunity.

ⁱⁱ If born between 1957-1969 one dose of vaccine required. Two doses required if born after 1969. ⁱⁱⁱ

If born after 1957 one dose of live attenuated vaccine or serological test indicating immunity. ^{iv}

Complete a 2 or 3 dose series and serology testing.

References:

1. BC Center for Disease Control, Immunization Manual, Part II: Immunization of Special Populations, Health Care Workers. "http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/immunization-of-special-populations" Part 2: Immunization of Special Populations (bccdc.ca)
2. BC Center for Disease Control, Immunization Manual, Part IV: Biological Products. "http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/biological-products" Part 4: Biological Products (Vaccines & Immune Globulins) (bccdc.ca)