

SCHOOL OF HEALTH, COMMUNITY & SOCIAL JUSTICE

Health Sciences Division

Immunization Checklist

LASTNAME F			Date of Birth:			/
	FIRSTNAME	INITIAL		YYYY	MM	DD
ne following Immunizations, based on The Prac	ctice Education	Guidelines for	BC¹ set out b	v the BC	Academ	ic Healtl
ouncil, are required by healthcare students in E				,		
PLEASE READ: IMPORTANT INFORMATION ON HOW T			arda			
 Check with your family physician or local public hea Take immunization records and this form to your D 				and stamp		
3. Note : Serology testing is required for Hepatitis B, an		•		ed.		
4. Submit this form to JIBC when it is complete. In	complete forms w	rill be returned to	the student.			
REQUIRED IMMUNIZATIONS	Date	es to be in YYY	Y / MM / DD f	ormat		
TETANUS, DIPHTHERIA, PERTUSSIS						
TDP Primary Series	s Dates:					
Tetanus and Diphtheria Booster within the last 10 years	s Date:					
POLIO						
Primary Series	s Dates:					
Booster 10 years after primary series	s Date:					
MEASLES, MUMPS AND RUBELLA (MMR)						
Initial Dose	Date:					
Secondary Dose or Booster	r Date:					
HEPATITIS B						
Primary Series (may take up to 8 months)) Dates:					
Serology (attach results)) Date:					
/ARICELLA (CHICKEN POX)						
History of Disease > 12 months of age	Date:					
OR Varicella Titel	r Date:	Date: Results: Positive O Negative O			еО	
If negative, Varicella Vaccine (2 doses))					
Dose #1	Date:					
Dose #2	2 Date:					
NFLUENZA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Flu Vaccine (November - March only)) Date:					
u will be required to have a TB skin test and, upon acceptance at prior to these dates as results will expire.	e into the program, v	vill be notified of whe	en to have the test	and submit	proof. Do	not have the
ertify that this information is accurate and up-to-	-date.	Γ_		Не	alth Care	Provider o
student Signature		Date:			Physician	's Stamp
lame of Health Care Provider Signature of the Hea	alth Care Provider	Date:				
eviewing this document (print)						
When a specific model does (DEC 14, 2) have a minimation malf						
hspcanada.net/docs/PEG/1 3 Immunization.pdf				(

 $R: \SHCSJ_RM \setminus 100-499-Administration \setminus 285-Forms Management \setminus 285-20-Forms Management \setminus PEDU \setminus HSD_Immunization_Checklist_2018-10-23. docx$