

Immunization Checklist

Student Name (print): _____ Date of Birth: _____
LASTNAME FIRSTNAME INITIAL YYYY MM DD

The following Immunizations, based on **The Practice Education Guidelines for BC¹** set out by the BC Academic Health Council, are required by healthcare students in BC doing practice education placements.

REQUIRED IMMUNIZATIONS		Dates to be in YYYY / MM / DD format
TETANUS, DIPHTHERIA, PERTUSSIS		
TDP Primary Series	Dates:	
Tetanus and Diphtheria Booster within the last 10 years	Date:	
POLIO		
Primary Series	Dates:	
Booster 10 years after primary series	Date:	
MEASLES, MUMPS AND RUBELLA (MMR)		
Initial Dose	Date:	
Secondary Dose or Booster	Date:	
HEPATITIS B		
Primary Series (may take up to 8 months)	Dates:	
Serology (attach results)	Date:	
VARICELLA (CHICKEN POX)		
History of Disease > 12 months of age	Date:	
OR Varicella Titer	Date:	Results: Positive <input type="radio"/> Negative <input type="radio"/>
If negative, Varicella Vaccine (2 doses)		
Dose #1	Date:	
Dose #2	Date:	
INFLUENZA		
Flu Vaccine (November - March only)	Date:	

You will be required to have a TB skin test and, upon acceptance into the program, will be notified of when to have the test and submit proof. Do not have the test prior to these dates as results will expire.

I certify that this information is accurate and up-to-date.

Student Signature	Date:	
Name of Health Care Provider reviewing this document (print)	Signature of the Health Care Provider	Date:

Health Care Provider or
Physician's Stamp

¹ http://hspcanada.net/docs/PEG/1_3_Immunization.pdf