



SoHS Immunization Self-Reporting Tool

As future health care or human service professionals, students should be protected against vaccine preventable diseases. Up-to-date immunizations greatly reduce the risk of diseases. Immunizations will not only safeguard the student's health but may also protect individuals with whom students are working. **It is highly recommended that students maintain current immunizations as per the Practice Education Guidelines of B.C. recommended immunizations.**

The Coast Mountain College ("CMTN") collects your Personal Information in accordance with section 26 of the Freedom of Information and Protection of Privacy Act ("FIPPA"), R.S.B.C. 1996, c.165 for the purposes of to meet compliance requirements for practicum placement according to BC Student Practice Education standards, to process your practicum placement, and for quality assurance and improvement purposes. If you have any questions about the processing of your personal information, please contact our support staff at HealthCoordinators@Coastmountaincollege.ca

SPECIFIC REQUIREMENTS FOR VACCINE PREVENTABLE DISEASES

General Overview

- [Immune status reporting for health care workers in BC](#)
- [BCCDC – Health Care Workers](#)
- [Health Gateway](#)
- [Diseases & Vaccines](#)
 - [Diphtheria/Tetanus \(Td\)/Pertussis](#)
 - [Tetanus-diphtheria-pertussis \(TdaP\)](#)
 - [Poliomyelitis \(IPV\)](#)
 - [Measles, Mumps, Rubella \(MMR\)](#)
 - [Varicella Vaccination \(Chicken Pox\)](#)
 - [Hepatitis B \(HB or Hep B\)](#)
 - [COVID-19](#)



TO COMPLETE THIS FORM

1. To obtain your immunization record, please visit <https://www.healthgateway.gov.bc.ca/> or contact your family physician or Public Health Unit.
2. Fill out the form completely listing all your immunizations and corresponding details.
3. Please make sure you retain access to your own immunization records. In the event of an outbreak at a facility, you will be responsible for providing documentation of your immunity. **Failure to provide such documentation could prevent you from attending sites, which could delay your progress in your program.**
4. Students are responsible for any costs that are incurred in obtaining these requirements. Be sure to identify yourself as a Coast Mountain College, School of Health Sciences student.



CMTN Student ID

Legal Last Name

Legal First Name

Program Name Select

TETANUS/DIPHTHERIA/PERTUSSIS

Tetanus/Diphtheria/Pertussis

Date of last Pertussis:

Tetanus/Diphtheria

Date of last Tetanus:

POLIO CHILDHOOD PRIMARY SERIES

Yes

In Progress

Date of last Polio:

MEASLES, MUMPS AND RUBELLA

In Progress **OR**

Date MMR #1

Date MMR #2

OR **Laboratory confirmed immunity (Titre)** Date: Result: Select

VARICELLA (CHICKEN POX)

Adult Primary Series of 2 doses required.

In Progress **OR**

Date (Dose) #1:

Date (Dose) #2:

OR

The year I contracted Chicken Pox in childhood:

OR **Laboratory confirmed immunity (Titre)** Date: Result: Select



HEPATITIS B

Serology Results: **Select**

Date:

In Progress **OR**

AND

Childhood or adult series Dose #1

Dose #2:

Dose #3 (if required based on product):

COVID-19

In Progress **OR**

Date (Dose #1)

Select

Date (Dose #2)

Select

Date (Dose #3)

Select

I have read and understand the [Immunization Guidelines for Health Care Workers](#) and certify that this information is accurate and up to date upon compliance.

Student signature

Date signed



SoHS Immunization Waiver

Failure to comply with immunization guidelines could result in the practicum site or the College barring the student from the clinical/practicum setting until proof of immunity is provided and/or until a communicable disease outbreak is declared over. This could impact a student's ability to successfully complete the clinical placement/practicum/community rotation portion of the program.

ONLY COMPLETE THE SECTION BELOW IF YOU HAVE CHOSEN NOT TO COMPLY WITH ONE OR MORE VACCINATIONS.

Vaccinations I choose not to have:

- | | |
|---|--|
| <input type="checkbox"/> Varicella Vaccination (VZ) (Chicken Pox) | <input type="checkbox"/> Poliomyelitis (IPV) |
| <input type="checkbox"/> Measles, Mumps & Rubella (MMR) | <input type="checkbox"/> Hepatitis B (HB or Hep B) |
| <input type="checkbox"/> Diphtheria/Tetanus (TD), Pertussis | <input type="checkbox"/> COVID-19 |
| <input type="checkbox"/> Tetanus-diphtheria-pertussis (TdaP) | |

I have read and understand the [Immunization Guidelines for Health Care Workers](#) and the results of failure to comply, however I have chosen not to comply.

Student signature

Date signed



Vaccine type	Expectation
Tetanus and Diphtheria	Every 10 years
Pertussis	Proof of vaccine (if not been previously immunized or immunization history is unknown), or proof of 1 dose booster (if immunized as a child).
Polio	Proof of primary series of vaccines as a child. Those at risk of exposure to human feces: booster 10 years after completion of primary series.
Measles	Proof of 2 doses of vaccine or laboratory-evidence of immunity or laboratory-confirmed proof of measles in the past. All who do not have proof of vaccine, laboratory-evidence of immunity, or confirmed proof of measles in the past need proof of up to 2 doses of vaccine given.
Mumps	Proof of acute case of mumps diagnosed by a physician with lab confirmation of acute disease, or if born: between 1957 and 1969 (inclusive): 1 dose of live mumps-containing immunization, or on or after January 1, 1970: 2 doses of live mumps-containing immunization given at least 4 weeks apart on or after the first birthday All who do not have proof of vaccine, laboratory-evidence of immunity, or confirmed proof of mumps in the past need proof of up to 2 doses of vaccine given.
Rubella	Proof of 1 dose of vaccine or laboratory-confirmed proof of rubella in the past. All who do not have proof of vaccine, laboratory-evidence of immunity, or confirmed proof in the past need proof of up to 2 doses of vaccine given.



Varicella (Chickenpox)	Proof of immunity by completion of age-appropriate vaccine series, or laboratory confirmed varicella or herpes zoster after 12 months of age, or self-reported history of varicella or doctor diagnosed varicella if occurred before 2004. All who do not have proof of vaccine, laboratory-confirmed varicella, or herpes zoster after 12 months of age, or self-reported history of varicella or doctor diagnosed varicella occurring before 2004 need proof of 2 doses of vaccine given.
Hepatitis B	Hepatitis B vaccination is recommended and provided free by employers for HCWs who may be exposed to blood or body fluids, or who may be at increased risk of sharps injury, bites or penetrating injuries. Individuals are considered immune if they have completed a series of hepatitis B vaccine and one documented laboratory test that shows they have developed sufficient antibodies. Laboratory testing for anti-HBs in the absence of a documented complete vaccine series is not acceptable proof of immunity, or consult your HCP for further testing if series is complete, but serology less than 10 IU/L. For more information regarding adequate proof of vaccination history, see Part 1 – Immunization Schedules , Consideration of Immunization History. For specific recommendations on post-vaccination serological testing, see BC Communicable Disease Control Manual, Chapter 1. Hepatitis B .