

Immunization Records for Health & Social Services Programs

Participation in the full British Columbia Immunization Program is recommended for all adults and children in BC. Licensing standards require that employees of licensed Child and Adult Care facilities provide documentation of their immunization status as a condition of employment. This information can be used in the event of an outbreak of a vaccine preventable disease in a facility. In order to protect both themselves and their vulnerable clients, employees are strongly encouraged to ensure their immunizations are up to date. Please review, complete and sign-off as noted below.

TYPE	Series Completed	Last Booster
<input type="checkbox"/> Tetanus/Diphtheria		
<input type="checkbox"/> Poliomyelitis		N/A
<input type="checkbox"/> Measles/Mumps/Rubella		N/A
<input type="checkbox"/> Varicella		
<input type="checkbox"/> Hepatitis B	See criteria below	
<input type="checkbox"/> TB where applicable, see notes below	See criteria below	
<input type="checkbox"/> Annual Influenza	See criteria below	

Tetanus/Diphtheria	Recommended for child and health care workers with a booster every 10 years.
Poliomyelitis	Recommended for child and health care workers, no booster required.
Measles/Mumps/Rubella	Recommended for child and health care workers born after 1957 – should have proof of two live measles. For those who have received one dose of measles, a second dose of vaccine is recommended. Those before 1957 will likely have been infected naturally.
Varicella	Recommended for child and health care workers who do not have a reliable history of varicella disease or serologic evidence.
Hepatitis B	Recommended for health care staff working in community group homes for the developmentally disabled and only if they are exposed to blood or body fluids or may be at an increased risk of sharps injury or bites.
Annual Influenza	Recommended annually.
TB	Recommended only in Adult Care Facilities; please refer to Northern Health Tuberculosis Screening Policy for full information.

<input type="checkbox"/> To the best of my knowledge I comply with the provincial immunization guidelines. <input type="checkbox"/> Due to personal/medical reasons I do not wish to be immunized.	
_____ Signature of student	_____ Date Signed
<div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div> Health Authority Stamp	