

Instructions to the Public Health Nurse or Travel Clinic Nurse

Please complete the attached immunization record. 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.

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 Post Graduate Diploma in Gerontological Nursing.
2. All immunizations, with the exception of TB testing can be done for free at any Public Health Unit, 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; reinforcing dose for Pertussis is required in adulthood.
4. Poliomyelitis: Primary immunization with IPV (if no previous course of OPV or IPV), and reinforcing immunization if more than 10 years have elapsed since previous immunization. It is required to have a single booster dose if more than 10 years has passed since your primary series.
5. Rubeola (Measles): two doses of live, attenuated vaccine, if born after 1957 or serological test indicating immunity.
6. Rubella (German measles): one dose live, attenuated vaccine, if born after 1957 or serological test indicating immunity.
7. Mumps: one dose of vaccine if born between 1957 to 1969, or two doses if born after 1969 or serological test indicating immunity.
8. T.B. Testing: (*after acceptance to program and within 6 mos prior to entering practice area*)
 - a. Tuberculin Test: 5 TU of PPD, read in 48-72 hours, unless individual is a positive reactor. (Cost 40.00) **Must** be done at Travel Clinic.
 - b. Chest X-ray: if positive reaction.
9. Hepatitis B: Complete a two or three dose series.
10. Varicella (Chickenpox): This vaccine is only administered to those individuals who have not had the disease, if the applicant has no history of chicken pox or is unsure. Alternatively, he or she can arrange to have a blood titre for antibodies done through his or her physician. If negative, he or she will require the vaccine, which is two doses, administered 4 – 8 weeks apart.
11. Meningococcal C: 1 dose of vaccine if born after 1987.
12. Influenza: administered annually during school.

Instructions to the Applicant

1. Most immunizations are done free of charge by Health Units in BC.
2. Arrangements for a chest X-ray, if required, can also be made through local health units.
3. Take this Immunization Record Form with you when obtaining your immunization to be completed by a health official.
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 or Travel Nurse to complete the Immunization Record.
7. The Immunization Record is **not** to be filled out by the Applicant.

Health Unit/Travel Clinic Contact Information

1. The Castlegar Public Health Unit is located in the Castlegar Health Centre.
Phone: 250.365.7711 between 0830-1630
2. The Castlegar Travel Clinic is located at 1245 – 3rd St.
Phone: 250.304.1880 or 1.888.288.8682 (Contact them for hours of operation.)
3. Nelson Public Health Unit ,2nd Floor 333 Victoria St.
Phone: 250.505.7200

Trail Public Health – Kiro Wellness Centre, 2-1500 Columbia Ave
Phone: 250.364.6219

Applicant's Name	
Address	

To Be Completed by Community Health Unit or Physician.

Primary Immunization					
DPT	Primary Series Date (dd/mm/yyyy)	Reinforcing Dose Date (dd/mm/yyyy)	Signature		
Diphtheria					
Pertussis					
Tetanus					
Poliomyelitis					
<u>Rubeola</u> <i>(If born after 1957 requires two doses of vaccine or serological test indicating immunity)</i>		1 st Dose <i>(Date and Signature)</i>	2 nd Dose <i>(Date and Signature)</i>	Serology Test Result	
<u>Mumps</u> <i>(If born between 1957-1969 one dose of vaccine required. Two doses required if born after 1969 or serological test indicating immunity.)</i>					
<u>Rubella</u> <i>(If born after 1957 one dose of live attenuated vaccine or serological test indicating immunity.)</i>			NOT REQUIRED		
Hepatitis B <i>(complete a 2 or 3 dose series)</i>		1 st Dose <i>(Date and Signature)</i>	2 nd Dose <i>(Date and Signature)</i>	3 rd Dose <i>(If applicable)</i> <i>(Date and Signature)</i>	
Meningococcal C: 1 dose of vaccine if born after 1987.		1 st Dose <i>(Date and Signature)</i>			
Varicella: Document history of disease? YES <input type="checkbox"/> YEAR _____ NO <input type="checkbox"/>					
Varicella Antibody Test <i>(If no history of disease)</i>			Date	Signature	
			Result		
Varicella Vaccine <i>(If immunity not documented)</i>			Date		
			Signature		
Tuberculin Test <i>(To be completed 6 mos prior to practicum experience.)</i>			Chest X-Ray <i>(if positive reactor)</i>		
Date	Result	Signature	Date	Result	Signature

MAKE SURE YOU KEEP A COPY OF THIS FORM FOR YOUR FILES AS YOU WILL REQUIRE THIS INFORMATION IN THE FUTURE.

Return this form to: Admissions Office
 Selkirk College
 301 Frank Beinder Way
 Castlegar BC V1N 4L3
admissions@selkirk.ca

Public Health Unit Physician's Office Stamp