



School of Health Sciences

Immunization requirements

Welcome to the School of Health Sciences at Vancouver Community College (VCC). As a future health care professional, you should be protected against vaccine preventable diseases. Up-to-date immunizations greatly reduce your risk of diseases.

As part of your Health Sciences program, you will be required to complete the Immunization Record before beginning your program. Proof of your immunization status is a requirement outlined in the provincial [Practice Education Guidelines](#).

These guidelines must be followed by all colleges and therefore their students when requesting clinical placements. The guidelines state that all individuals working in a health care facility should be protected against vaccine preventable diseases. This includes health care students on clinical placements. Clinical facilities may decline individual students for their placement if a student is unable to provide proof of immunizations or satisfactory serum titers and a TB screening.

Immunization updating – contact a [Public Health Unit](#) in your area or your Family Physician

TB skin testing - contact BC Centre for Disease Control (BCCDC) at 604.707.2692. Offices are located at 655 West 12th Avenue, Vancouver. Please note: completed TB tests should be submitted to VCC's Registrar's Office to be recorded on your student file.

Below is the list of the specific requirements for vaccine preventable diseases:

- **Diphtheria/Tetanus/Pertussis** - proof of basic immunization and booster in last 10 years with recommendation for 1 adult dose of Pertussis
- **Poliomyelitis** - proof of basic immunization series of polio vaccine
- **Measles, Mumps & Rubella (MMR)** - for those born after 1957, a proof of two doses of MMR vaccine or reactive serological test for immunity
- **Varicella Vaccination (Chicken Pox)** - proof of vaccination or a positive history
- **Influenza Vaccination** - proof of annual influenza vaccine
- **Hepatitis B** - proof of Hepatitis B vaccine series

www.vcc.ca

Broadway campus

1155 East Broadway, Vancouver, B.C., Canada V5T 4V5 ■ Tel 604.871.7000

Downtown campus

250 West Pender Street, Vancouver, B.C., Canada V6B 1S9 ■ Tel 604.871.7000



Immunization Record

Broadway Campus

1155 East Broadway, Vancouver, BC V5T 4V5

Downtown Campus

250 West Pender St., Vancouver, B.C. V6B 1S9

To complete this form:

1. Take any immunization records you have and this form to your doctor or health care professional to review.
2. If you have no immunization records, the doctor or health care professional may order bloodwork to determine your immunity status.
3. Please return the completed form to VCC **on your first day of class** and if waiting for bloodwork results and future vaccinations please give updated records to VCC as they occur.
4. VCC will determine that you are **NOT** immune to diseases if records/information are not complete (including "No record" status) which may affect your clinical progression.
5. There are two pages to this immunization record. Please ensure both sides are completed and signed appropriately.

When completed, bring this form to your first day of class.

Personal Information

Last name First Name

Student ID (9 digits) Email

Address City

Province Postal Code

Immunization Information

Tetanus/Diphtheria Yes: No: No record: DD/MM/YYYY last tetanus vaccination

Pertussis Yes: No: No record: DD/MM/YYYY last pertussis vaccination

Polio childhood primary series Yes: No: No record
DD/MM/YYYY last polio vaccination

Measles, Mumps & Rubella (mandatory 2 documented MMRs) MMR1 MMR2 DD/MM/YYYY last MMR vaccination

Varicella (chicken pox) **I have had** chicken pox (no titre required) When? DD/MM/YYYY

I have NOT had chicken pox: Varicella titre date DD/MM/YYYY

Result: Positive Negative

Inadequate immunity requires **2 doses** adult primary series: **Dose 1** DD/MM/YYYY

Dose 2 DD/MM/YYYY

Hepatitis B

Primary series (3 doses) complete

Yes:

No:

No records:

Influenza flu vaccine

Yes:

No:

Certify Information is Up-to-Date and Correct

Student Signature

Date

Name of Healthcare Provider reviewing this document (print)

Healthcare Provider Signature

Date

Address or stamp of Health Care Provider:

The information on this form is collected under the authority of the BC Freedom of Information and Protection of Privacy Act (1996) and is needed to process any changes in your student record. If you have any questions about the collection and use of this information contact the Registrar's Office.