



**Welcome to the School of Health Sciences at Vancouver Community College (VCC).**

As a future health care professional, you need protection against vaccine preventable diseases. Up-to-date immunizations greatly reduces your risk of diseases.

As part of your Health Sciences program, you are required to have the VCC Student Immunization Record completed by a physician or other health professional before beginning your program. Proof of your immunization status is a provincial requirement for placement into health care areas (clinical and preceptorship) in BC. *Clinical areas may refuse individual students for placement if a student is unable to provide proof of immunizations or satisfactory serum titers and a TB screening. Tuberculosis screening and COVID-19 vaccination is a mandatory requirement for health care workers in British Columbia.*

**Below is the list of the specific requirements on the VCC Student Immunization Record for vaccine preventable diseases:**

- Diphtheria/Tetanus
- Pertussis
- Poliomyelitis
- Measles, Mumps, Rubella (MMR)
- Varicella (Chicken Pox)
- Hepatitis B

Completed VCC Student Immunization Records are to be submitted directly to program departments.

**Other important requirements that you must submit in addition to the VCC Student Immunization Record:**

- COVID-19 vaccination. You are required to show documentation to your program department.
- Tuberculosis (TB) skin test. You are required to submit proof of negative TB test to the VCC Registration Office upon acceptance to the program.
- Influenza annual vaccination. You will be asked for annual documentation during your program.

COVID-19 immunizations- contact the BC Get Vaccinated system

<https://www2.gov.bc.ca/gov/content/covid-19/vaccine/register>

TB skin testing (TST) – contact your local health unit to find out where you can get a TST in your area.

<https://immunizebc.ca/finder#9/49.2557/-123.2413>

Completed TB tests should be submitted to VCC's Registrar's Office as soon as possible.

Annual flu vaccinations can be obtained through doctor's offices, clinics, and/or pharmacies.

<https://www.healthlinkbc.ca/healthlinkbc-files/live-attenuated-influenza-flu-vaccine>



# School of Health Sciences Student Immunization Record

Broadway campus  
1155 East Broadway,  
Vancouver, B.C. V5T 4V5  
vcc.ca/health

**Instructions:** Please have a physician or other health professional complete this form.

The completed and signed form must be submitted by the student to their VCC program department.

## Student information

.....  
Last name (family name)

.....  
First name

## Immunization Requirements

The following are Immunization requirements for Practice Education (Clinical and Preceptorship):

		Immune	Not Immune	Unknown	Comments
1.	Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		Immune	Not Immune	Unknown	Comments
5.	Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Declaration

Name of Health Professional completing the document: .....

.....  
Signature

.....  
Date

Address or stamp of Health Professional:

Student Acknowledgement: Any supplemental information provided by me are true to the best of my knowledge.

.....  
Signature

.....  
Date



**Practice Education Guidelines for all Post Secondaries in BC regarding immunizations**

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 or 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	Those who could be exposed to blood or body fluids, or are at increased risk of sharps injury, bites or penetrating injuries Pre-vaccine screening and post-vaccine testing according to the BCCDC24