

Immunization History for Unit Clerk & Medical Office Assistant Students

Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF and then reopen to ensure the content that you filled out has saved, 6) Submit to BCIT.

Dear Student,

As part of your eligibility for your program, the below form must be completed. Please submit the following documents as part of your conditional acceptance into the program:

- The below Immunization History. We suggest that you take this form to a physician and review your medical records with them, along with the recommendations on the form.
- All vaccination records. PDF format is preferred. Vaccination records may be from your local public health unit, your family doctor, BC's Health Gateway, other provincial vaccination records, a travel vaccination clinic, or from immigration.
- Hepatitis B Serology
- TB Skin Test

If for any reason you have no records (i.e. you do not have access to any vaccination records, or your records are lost), please contact the department.

Why Vaccination is Important:

Healthcare students are at risk of exposure to communicable diseases because of contact with the public, patients and the health care setting; this can be from germs and diseases, both diagnosed and undiagnosed. Maintenance of immunity against vaccine-preventable diseases is an integral part of a health care facility's occupational health program. Optimal immunization will not only safeguard your health but will also help protect your patients and colleagues.

The Province of British Columbia has implemented an immune status reporting requirement for clinical and non-clinical health care staff employed or contacted by B.C.'s health authorities, including Provincial Health Services Authority (PHSA) and Providence Health Care (PHC). This includes students training in health authority settings. More information can be found here: [Immune status reporting for health care workers in B.C. - Province of British Columbia](#)

Students who cannot be immunized because of allergies, or for other health reasons, must discuss this with your program. You may be requested to provide supporting documentation from your health care provider.

Students declining vaccinations due to personal or religious reasons must inform their program directly to discuss options. Please note, BCIT cannot change or waive Provincial/BCCDC/Health Authority regulations, guidelines, policies or procedures. Declining vaccinations or failing to make them a priority to be done on-time, may restrict your educational opportunities and your ability to fulfill graduation requirements.

Be advised that regardless of the reason for not being immunized, you may be excluded from a clinical site during an outbreak if you are not immunized against the infectious agent. This will result in missed time that cannot be made up and may result in a failure.

Influenza (Flu) and COVID Vaccines:

Influenza and COVID vaccines are annual vaccines available each year. As part of the [BC Influenza Control Program Policy](#), any individual covered by the policy (including students) will be required to protect against influenza by either receiving an influenza vaccine or wearing a mask while in a patient care area during the entire influenza season (October to April) as a professional practice standard. Reporting of your influenza immunization status remains mandatory.

All students are responsible for obtaining and keeping proof of influenza and COVID vaccinations. Influenza vaccines are available widely at pharmacies and other clinics. More information can be found here: [Immunizations - Province of British Columbia](#)

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First Name:		Last Name:	
Preferred Name:		Date of Birth:	
BCIT Student ID:		Program Name:	

Immunizations	BCIT Recommendations	Where can they be completed?
Tetanus/Diphtheria (Td) Containing Vaccine	<p>Date of most recent Td vaccine:</p> <p>_____</p> <p>(dd/mm/yyyy)</p> <p>If you have not had a dose of Tetanus/Diphtheria containing vaccine in the past 10 years, a booster dose is recommended. If you are due for a booster in the next 1-2 years, it is recommended that you receive a dose early.</p> <p>If you have not completed a primary childhood series of vaccination, an adult series is highly recommended (3 doses given 0, 1 and 7 months apart).</p>	<p>Tetanus/Diphtheria (Td) vaccine is a publicly funded vaccine (free to healthcare workers). You may receive this through a local public health unit (appointment needed), physician's office (if offered), pharmacy (call ahead), or Travel Medicine/Vaccination Clinic (injection fee).</p>
Poliomyelitis (Polio)	<p>A one-time booster dose of Polio vaccine is recommended for Healthcare workers 18 years of age or older, who have not had a polio booster in 10 years, and may come into contact with feces.</p> <p>Date Booster Dose:</p> <p>_____</p> <p>(dd/mm/yyyy)</p> <p>If you have not completed a primary childhood series of vaccination, an adult series is highly recommended (3 doses given 0, 1 and 7 months apart).</p>	<p>Polio vaccine is publicly funded in BC (free to healthcare workers). You may receive it through a local public health unit (appointment needed), physician's office (if offered), pharmacy (call ahead), or Travel Medicine/Vaccination Clinic (fee).</p>
Measles Mumps Rubella (MMR) Vaccine	<p>2 documented doses of MMR vaccine are recommended for all students entering healthcare. Doses must be 4 weeks apart and after age 1. Serology is not accepted due to the inaccuracy of the mumps titer.</p> <p>Date dose 1: _____</p> <p>(dd/mm/yyyy)</p> <p>Date dose 2: _____</p> <p>(dd/mm/yyyy)</p>	<p>MMR vaccine is publicly funded (free to healthcare workers). You may receive it through a local public health unit (appointment needed), physician's office (if offered), pharmacy (call ahead), or Travel Medicine/Vaccination Clinic (fee)</p> <p>Note: MMR is a live vaccine and must be done on the same day as other live vaccines and your TB Skin Test or after your TB Skin Test has been read.</p>

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Varicella (Chickenpox) Vaccine	<p>Must have one of the following:</p> <p>a) 2 documented doses of Varicella Vaccine</p> <p>Date dose 1: _____ (dd/mm/yyyy)</p> <p>Date dose 2: _____ (dd/mm/yyyy)</p> <p><u>OR</u></p> <p>b) Childhood History of Disease after age 1 (before the year 2003)</p> <p>Age/Year of childhood disease: _____</p> <p><u>OR</u></p> <p>c) Varicella Serology showing immunity (for those who have <u>NOT</u> been vaccinated and are unsure of disease history <u>OR</u> if you had childhood disease after the year 2003)</p> <p>Titer Date: _____ (dd/mm/yyyy)</p> <p>Titer Result: _____ (dd/mm/yyyy)</p>	<p>Varicella vaccine is publicly funded (free to healthcare workers). You may receive this through a local public health unit (appointment needed), physician's office (if offered), pharmacy (call ahead) or Travel Medicine/Vaccination Clinic (fee).</p> <p>If you require serology, you will require a requisition from your family physician/doctor to take to a lab.</p>
Hepatitis B Vaccine	<p>Most people have a 2 (if between age 11-15) or 3 dose vaccination series history. If you do not have a documented series, it is recommended you receive a 3 dose adult series (given at 0, 1 and 6 months apart)</p> <p>Date Dose 1: _____ (dd/mm/yyyy)</p> <p>Date Dose 2: _____ (dd/mm/yyyy)</p> <p>Date Dose 3: _____ (dd/mm/yyyy)</p>	<p>Hepatitis B Vaccines are publicly funded (free to healthcare workers). You may receive this through a local public health unit (appointment needed), pharmacy (call ahead) or Travel Medicine/Vaccination Clinic (fee).</p>

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Hepatitis B Serology	<p>Hepatitis B Serology should be completed by all students who have received a 2 or 3 dose series to confirm immunity from vaccine. You will require a requisition for Hepatitis B serology from a family physician/doctor for all 3 Hepatitis B Markers (HepBcAb, HepBsAg and HepBsAb).</p> <p>Note: If you have previous tests showing immunity, you may not have to repeat your blood work. Please submit a copy of your lab report.</p> <p>If your serology returns showing you are immune, there is no further action required.</p> <p>If serology returns showing you are not immune, you will require a booster dose of Hepatitis B vaccine (or a series depending on history) and to repeat your serology 1 month after the booster or completion of a series.</p>	<p>This test is free for students so long as you have MSP (CareCard Number). You can take the requisition to any lab or LifeLabs location. You will need to submit results.</p> <p>Make sure to not state it is for school purposes at the time you get your blood drawn to avoid having to pay a fee for the blood draw.</p>
TB Skin Test	<p>A TB Skin Test is required to be completed within 1 year of you entering your clinical placement. If you had a previous positive TB Skin Test, an updated chest x-ray is required within 6 months of entering clinical.</p> <p>TB Skin Test Plant Date: _____ (dd/mm/yyyy)</p> <p>TB Skin Test Read Date: _____ (dd/mm/yyyy)</p> <p>Result: _____ mm (negative/positive)</p> <p><u>Chest X-Ray (positive or previous positive)</u></p> <p>Date of Chest X-Ray: _____ (dd/mm/yyyy)</p> <p>Result of Chest X-Ray: _____ (dd/mm/yyyy)</p>	<p>TB Skin Tests are typically only offered through Travel Medicine/Vaccination Clinics; however, some doctors may complete it in their clinics. There is a fee for the TB Skin Test, and we recommend looking online for options in your area and lowest pricing.</p> <p>Note: You still must have a TB Skin Test even if you have had the BCG/TB Vaccine.</p> <p>If you have previously tested positive with a TB Skin Test, a chest x-ray must be completed. You will need to speak to your primary care provider to request a requisition and submit proof of completion to your program once done.</p>

Disclaimer:

By submitting this form, you are permitting BCIT to review your information as part of your conditional acceptance into your program. The information on this form will be part of your medical file. Your signature serves as consent for BCIT to contact you by phone or email to follow-up on your immunization history as indicated above.

BCIT shall protect the information in this form in accordance with *Freedom of Information and Protection of Privacy Act* (British Columbia), and regulations thereto, as amended or substituted from time to time. You acknowledge and agree that, notwithstanding any wording in this form or any confidentiality agreement, BCIT is a public body subject to the *Freedom of Information and Protection of Privacy Act* (British Columbia) and that all information or materials supplied to BCIT by, or obtained or created by BCIT is subject to that legislation.

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Indemnity:

I hereby release and agree to defend, indemnify, and hold harmless BCIT and its representatives from all losses, costs, expenses, judgment(s) or damages on account of injury to persons including death, in any way caused by any incomplete immunizations indicated on this form, as may arise out of my Practicum, together with all legal expenses and costs incurred by BCIT in defending any legal action pertaining to the same.

Declaration:

I have read the above information, and I am aware of the risks and implications to me if I choose not to receive the recommended immunizations.

I have completed the forms to the best of my ability and hereby certify that the above information is accurate and up to date.

Name (Print Please): _____

Signature _____ **Date** _____