BCIT HEALTH SCIENCES IMMUNIZATION REVIEW INSTRUCTIONS

Downloading and Filling in Form:

In order for the fillable properties of this PDF to work, you will need to save the form to your desktop prior to filling it out. You will require Adobe Acrobat Reader/Adobe DC/Adobe Creative Cloud. Should you be unable to download one of the Adobe programs, you may fill in the form, print, and sign it before scanning it in to email to us. PDF format is preferable for all documents and .jpg for pictures.

Submitting Your Form and Records:

Please submit your completed Immunization Review form (completed to the best of your ability), and any available immunization records to nurses@bcit.ca by the deadline set by your program.

Once we receive your completed form and records, we will inform admissions and provide you with instructions relating to booking an appointment with BCIT Student Health Services. During your appointment, we will help you to complete any outstanding vaccinations, serology, and TB Skin Test as needed. **Note:** Should you choose to complete your TB Skin test on your own, it must be completed within 6 months of you entering into clinical.

Should you choose to have a physician or health care provider complete and sign your immunization form, you are not required to send us a copy of your immunization records, however, it is recommended. **Note**: dates of immunizations must include date, month **and** year on the form to be accepted without a copy of your records.

If you had, or would prefer to have your required immunizations and/or serology completed elsewhere, please ensure to submit a copy of your records to BCIT Student Health Services.

Obtaining Your Immunization Records:

Immunization records may be obtained by contacting your local public health office, family physician, or, if you were vaccinated in BC, by downloading the Health Gateway App. Other Provinces in Canada may provide a similar service. Please have any records that are not in English translated.

If You Do Not Have Immunization Records:

If you do not have a copy of your records, or are unable to get a copy of them after trying the above options, please indicate this on the Immunization Record form (page 2). For those without records of vaccination, you will receive any required immunizations and/or serology during your booked appointment at BCIT Student Health Services.

Serology:

Serology can be completed during your appointment, and is not necessary to have completed ahead of time. Should you decide to complete your serology elsewhere, please ensure that all 3 Hepatitis B markers are included on the requisition (HepBsAb, HepBsAg **and** HepBcAb)

Hepatitis B and Varicella serology are the ONLY results we will accept as confirmation of immunity. MMR serology is not accepted.

Recommendations for Med Lab Students:

It is strongly recommended that all **Medical Laboratory** students be vaccinated against Meningitis. Students should receive 2 doses of vaccine for Meningitis B (Bexsero and Trumenba) and 1 dose of MenACYW-135 (Menveo, Menactra or Nimenrix). Other Health Care Workers may also choose to receive these vaccinations.

Note: The BCIT SA Extended Health and Dental Plan covers Trumenba and Nimenrix. If you are covered under this plan, please let us know during your appointment for further instructions.

Booking an Appointment and Cost:

For all programs (**with the exception of Nursing**), instructions for signing up for an Immunization Review will be will be communicated to you via your Program Head. You do not need to book an appointment ahead of time.

Nursing students will be advised on how to book an appointment after we receive your completed form and documents, via email. This appointment should be completed **prior** to starting your program.

The cost for your immunization review appointment is $25, and there is a fee of $35 for the Tuberculin Skin Test. Cash, debit or credit are accepted.

What to Expect:

During your appointment we will complete any necessary immunizations and/or blood work along with a TB Skin Test (if required). Please ensure to eat something prior to your appointment and come well hydrated if you require bloodwork.

Questions or Concerns?

If you have questions or concerns that are not answered above, please contact us at 604-432-8843 or email us at nurses@bcit.ca.

IMMUNIZATION REVIEW - NURSING PROGRAM

Student Health Services

3700 Willingdon Avenue Burnaby, BC, Canada V5G 3H2

T 604.432.8608 **F** 604.431.7261

BCIT Student ID No.	Program Name	Program Intake Month and Year
First Name	Last Name	Preferred Name (if applicable)
Date of Birth	Care Card Number/Personal Health Number	Sex: Select Gender Identity: Select
Phone Number	Email Address	Family Physician
Emergency Contact or Next of Kin Name	Emergency Contact Number	Relationship
Current Address		
City	Province: Select Province	Postal Code
Country of Birth	If not Canada, what year did you arrive?	

VACCINATION AND MEDICAL HISTORY (REQUIRED)

	YES	NO
Have you ever been diagnosed with a medical condition? If yes, please specify.	☐	☐
Are you currently receiving treatment for any medical conditions? Please specify.	☐	☐
Do you have any allergies? Please specify.	☐	☐
Are you currently taking any medications? If yes, please list:	☐	☐
Have you experienced a reaction to a vaccine in the past? Please specify (e.g. fainting, hives, itchiness, anaphylaxis)	☐	☐
Are you pregnant or planning on pregnancy at this time? If yes, please specify.	☐	☐
Did you receive primary vaccinations as an infant or in early childhood? If unsure, please speak with your parent/guardian, physician, or local public health unit and provide records.	☐	☐

IMMUNIZATION RECORD

TETANUS, DIPHTHERIA, PERTUSSIS, POLIO		
Completed Childhood Primary Series (5 doses, or 4 if fourth dose was after age 4)	Yes ☐ Record Provided ☐ No ☐ No Record ☐	
Last Tetanus, Diphtheria and Pertussis Booster Vaccination (**Note:** A booster is required for Health Care Workers in BC whose last vaccination was 10 or more years ago)	Date:	
Last Polio Vaccination (**Note:** A one-time booster is recommended for Health Care Workers in BC whose primary series was more than 10 years ago and is a BCIT requirement)	Date:	
MEASLES, MUMPS AND RUBELLA (MMR)		
Completed Primary Series of MMR (2 doses) (**Note: Please indicate if your record states Measles Rubella Only)**	Yes ☐ Record Provided ☐ No ☐ No Record ☐	
Dose #1 MMR	Date:	
Dose #2 MMR	Date:	
VARICELLA (CHICKEN POX)		
Were you diagnosed with chicken pox disease after 12 months of age before the year 2004?	Yes ☐ No ☐ Approximate year of disease:	
Dose #1 Varicella	Date:	
Dose #2 Varicella	Date:	
Varicella Titre (If no documented doses of Varicella vaccine, or unsure of your history of chickenpox)	Date:	Result: Select
HEPATITIS B		
Completed Childhood Primary Series	Yes ☐ Record Provided ☐ No ☐ No Record ☐	
Dose #1 Hepatitis B	Date:	
Dose #2 Hepatitis B	Date:	
Dose #3 Hepatitis B (If applicable)	Date:	

HEPATITIS B SEROLOGY (ALL 3 MARKERS MANDATORY)
***Include a copy of results if done prior to BCIT Immunization Review Appointment**

Hep B Surface Ag	**Hep B Surface Ab**	**Hep B Core Ab**	**Date Completed:**
Result:	Result:	Result:	

SEASONAL INFLUENZA	
Annual Requirement (Each Fall)	Date:

Disclaimer:

- **By submitting this form, you are permitting BCIT Student Health Services to review your information as part of admission to your chosen program. Any review, distribution, copying, printing or other use of this information by anyone other than BCIT Student Health Services or the above person is strictly prohibited.**
- **The information on this form will be part of your medical file. Your signature serves as consent for BCIT Student Health Services to contact you by phone or email to follow-up on your immunization history as indicated above.**

I hereby certify that the above information is accurate and up to date. **Student Signature:**	Date:
Physician or Health Care Provider Signature (if assisted in filling out this form) **Signature:**	Date: