

# **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 all immunization records to [nurses@bcit.ca](mailto:nurses@bcit.ca) by the deadline set by your program. You are not required to complete the vaccinations below prior to submitting your forms/records. Leave any sections you are unsure about or do not have records for blank.

Should you choose to have a physician or health care provider complete and sign your immunization form (not required), please have your provider sign and stamp the form (3rd page).

Once we receive your completed form and records, we will inform admissions and provide you with further information about an immunization review appointment and serology.

## **Obtaining Your Immunization Records:**

Immunization records may be obtained by contacting your local public health office, family physician, travel clinic 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. To download records from Health Gateway, open the BC Services APP and select Health Gateway. Once open, go to the top left-hand corner drop down (3 horizontal lines) and select "Export Records," then choose "Immunizations" and save as a PDF that you can email to us. Please note when using Health Gateway that not all records will show, and you will need to get records from other sources.

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:**

We are requesting that students complete their Hepatitis B and/or Varicella serology requirements as soon as possible. If you reside in BC, we will email you a requisition to have your serology completed at any Lab or LifeLabs location. If you reside outside of BC, you will need to request a requisition from a physician (family physician, walk-in clinic, etc.). **Note:** Hepatitis B and Varicella serology are the ONLY results we will accept as confirmation of immunity. MMR serology is not accepted.

## **Meningococcal Vaccinations Recommended 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 or 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.

## **Immunization Review Appointments:**

For all programs (with the exception of Nursing and Medical Radiography), instructions for signing up for an Immunization Review will be communicated to you after your program has begun via email. During your immunization review appointment, we will complete any necessary immunizations and a TB Skin Test (as required).

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

If you would prefer to have your immunization requirements completed elsewhere, please let us know. Once you have completed your requirements, please ensure to submit a copy of your records to BCIT Student Health Services prior to your program start date.

## **Appointment Cost:**

The cost for your Tuberculin Skin Test is \$60. There are no other fees for this appointment. Cash, debit or credit are accepted.

## **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](mailto:nurses@bcit.ca).

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 Gender Identity
Phone Number	Email Address	Family Physician
Emergency Contact or Next of Kin Name	Emergency Contact Number	Relationship
Current Address		
City	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 AND POLIO			
Completed Childhood Primary Series (5 doses, or 4 if fourth dose was after age 4)	Yes No	Record Provided No Record	
Last Tetanus and Diphtheria Containing Vaccination  <b>Note:</b> A booster is required for Health Care Workers in BC whose last vaccination was 10 or more years ago	Date:		
Last Polio Vaccination  <b>Note:</b> A one-time booster is recommended for Health Care Workers in BC whose primary series was more than 10 years ago	Date:		
MEASLES, MUMPS AND RUBELLA (MMR)			
Completed Primary Series of MMR (2 doses)  <b>Note:</b> Please indicate if your record states Measles or Measles Rubella Only. <b>Serology is not accepted.</b>	Yes No	Record Provided 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:	
Were you diagnosed with chicken pox disease after the year 2003?	Yes No	Approximate year of disease:	
Dose #1 Varicella	Date:		
Dose #2 Varicella	Date:		
Varicella Titer  <b>Note:</b> If you have no documented doses of Varicella vaccine, if you are unsure of your history of chickenpox disease, or you had disease after 2003, a titer must be completed	Date:	Result:	
HEPATITIS B			
Childhood Primary Series (3 doses or 2 doses if received between the age of 11 and 15)	Yes No	Record Provided No Record	
Dose #1 Hepatitis B	Date:		
Dose #2 Hepatitis B	Date:		
Dose #3 Hepatitis B (If applicable)	Date:		
Dose #4 Hepatitis B (If applicable)	Date:		
Dose #5 Hepatitis B (If applicable)	Date:		
Dose #6 Hepatitis B (If applicable)	Date:		
HEPATITIS B SEROLOGY (ALL 3 MARKERS MANDATORY)			
<b>*Include a copy of results if done prior to BCIT Immunization Review Appointment</b>			
Hep B Surface Ag	Hep B Surface Ab	Hep B Core Ab	Date Completed:
Result:	Result:	Result:	

SEASONAL INFLUENZA		
Seasonal Influenza Vaccine (Recommended)		Date:
MENINGITIS (RECOMMENDED FOR MED LAB STUDENTS- FILL IN ONLY IF COMPLETED, OTHERWISE LEAVE BLANK)		
Dose #1 Men-B Date:	Dose# 2 Men-B Date:	Dose#1 MenACYW-135 Date:
<p><b>Disclaimer:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>		
I hereby certify that the above information is accurate and up to date.  <b>Student Signature:</b>		Date:
Physician or Health Care Provider Signature and Stamp (if applicable)  <b>Signature:</b>		Date: