

BCIT HEALTH SCIENCES IMMUNIZATION REVIEW FORM INSTRUCTIONS

Congratulations on your admission to BCIT. Please review the following instructions carefully:

Completing the Form:

In order for the fillable properties of this PDF to work, you will need to save the form to your desktop prior to completing it. You will require Adobe Acrobat Reader/Adobe DC/Adobe Creative Cloud. If you are 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 the preferred format for all documents.

Submitting Your Form and Records:

Please fill out the form to the best of your ability. Please submit your form and all other documents (vaccination records, etc.) via email to nurses@bcit.ca by the deadline set by your program. When possible, please combine all documents together into 1 PDF prior to emailing to us.

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, review all documents submitted and then provide you with further information (via email) about your outstanding requirements for vaccinations and TB Skin Testing to complete prior to your program start date (note: some vaccinations may not be able to be completed prior to your program start and the nurses with the BCIT SHS clinic will work with you to arrange any necessary follow up).

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, please indicate this on your form and in your email to the nurses. We will provide information on next steps.

Serology:

If you reside in BC, we will email you a requisition to have your serology (blood work) completed at any Lab or LifeLabs location. If you reside outside of BC, you will need to request a requisition from a primary care provider (family physician, NP, 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.

Completing Your Requirements:

Once your forms and documents have been submitted, the nurses will review all of your information and email you a form summarizing your requirements. This email will also provide information on where to complete your requirements and when they are due by.

Once you have completed your requirements, please ensure to submit a copy of your records to BCIT Student Health Services nurses prior to your program start date (unless stated otherwise). Some vaccinations may not be completed by the time you start your program and we will work with you to arrange any necessary follow up.

Cost:

All vaccinations required for your program are publicly funded for healthcare student (free) in BC. Some provinces only provide certain vaccines for free to healthcare students, so there may be some cost associated with certain vaccines. If choosing to complete other vaccines such as Men-B or Twinrix (Hep A/B); those vaccines are not publicly funded and would be at a cost to you. We do not provide paid for vaccines at our clinic.

The cost for TB Skin Testing varies. Please review the email instructions and information we send you, for your options.

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.

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

	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 HISTORY

TETANUS, DIPHTHERIA, PERTUSSIS 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, Diphtheria and Pertussis Booster Vaccination Note: A booster is required for BCIT Health Sciences students whose last vaccination was 10 or more years ago (a booster may be given early).	Date:		
Last Polio Vaccination Note: A one-time booster after age 18 is required for BCIT Health Sciences Students	Date:		
MEASLES, MUMPS AND RUBELLA (MMR)			
Completed Primary Series of MMR (2 doses) Note: Please indicate if your record states Measles or Measles Rubella Only. Serology is not accepted.	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 age 1 and in the year 2003 or earlier?	Yes	No	Approximate year of disease:
Were you diagnosed with chicken pox disease in 2004 or later?	Yes	No	Approximate year of disease:
Dose #1 Varicella	Date:		
Dose #2 Varicella	Date:		
Varicella Titer Note: If you have no documented doses of Varicella vaccine, if you are unsure of history of chicken pox disease, or you had disease after 2003, a titer must be completed	Date:	Result:	
HEPATITIS B			
Completed Childhood Primary Series (2 or 3 doses depending on age)	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- If in BC, we will send you a requisition if not already completed, if outside BC please speak to a doctor or NP *Include a copy of results if already completed			
Hep B Surface Ag	Hep B Surface Ab	Hep B Core Ab	Date Completed:
Result:	Result:	Result:	

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.

<p>I hereby certify that the above information is accurate and up to date.</p> <p>Student Signature:</p>	<p>Date:</p>
<p>Physician or Health Care Provider Signature and Stamp (If applicable)</p> <p>Signature:</p>	<p>Date:</p>