



IMMUNIZATION REVIEW

HEALTH SCIENCES STUDENTS

Student Health Services

3700 Willingdon Avenue

Burnaby, BC, Canada V5G 3H2

T 604.432.8843 F 604.431.7261

BCIT ID No.	Program	Care Card Number/Personal Health Number	
Last Name	First Name & Initial	Preferred Name (if applicable)	
Home Number	Cell Number	Email Address	
Current Address			
City	Province	Postal Code	Date of Birth (D/M/Y)
Country of Birth	If not Canada, What Was Your Year of Arrival?	Mother's Country of Birth	
Emergency Contact or Next of Kin Name	Emergency Contact Number	How Are You Related?	
Family Physician			

VACCINATION AND MEDICAL HISTORY (COMPLETING THIS SECTION IS REQUIRED)

YES NO

Have you ever been diagnosed with a serious medical condition? If yes, please specify.	
Does anyone in your family have a history of significant illness? If yes, please specify.	
Are you currently receiving treatment for any medical conditions? Please specify	
Are you allergic to any medications or medical products? Explain.	
Are you allergic to any environmental agents like dust, grass or pollen? Explain.	
Are you allergic to any foods including eggs or egg products? Specify food and reaction.	
Are you currently taking any medications? If yes, please list:	
Have you experienced a reaction to a vaccine in the past? Please specify seriousness of reaction (e.g. hives, itchiness, anaphylaxis)	
Are you pregnant or planning on pregnancy at this time? If yes, please specify.	
Do you have an increased risk of exposure to fluid or blood borne illnesses through lifestyle or occupational hazards? If yes, please discuss details with the nurse upon your immunization review visit.	
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.	

Instructions and Important Information for Completing Immunization Record Form:

1. Please note that we only require your completed forms to be in by the deadline with copies of current records (if you have them). Any outstanding bloodwork or vaccines do not have to be completed by the deadline.
2. If you do not have your records or you require updates to your vaccines, you will receive them during your immunization review at BCIT. You are welcome to have them completed elsewhere, but it is not required.
3. Copies of vaccination records are not required if a physician has completed and signed the Immunization Record form.
4. Required vaccines for Health Science Programs at BCIT:
 - A. Recent (within the past 10 years) Tetanus/Diphtheria.
 - B. An Adult booster of Poliomyelitis vaccine is required for all students entering clinical.
 - C. 2 documented Measles Mumps Rubella vaccines (please be aware re-vaccination will occur if you only received 1 full dose of MMR or had MR only, as well as if you do not have any records).
Note: Some adults may have only received MR in childhood, please check records carefully.
 - D. 2 documented Varicella vaccinations or a history of Childhood Chickenpox Disease is accepted as being immune.
 **Serology is recommended if you are uncertain if you had the disease as a child, or if you do not have records.
 - E. Tuberculin (TB) Skin test (must be within the 6 months prior to starting your clinical practicum).
Note: This test must be completed on the same day as live vaccinations (i.e. MMR and Chicken Pox)
 - F. Documented series of Hepatitis B immunizations along with mandatory serology for Hepatitis B
****PLEASE LET YOUR PHYSICIAN KNOW THE BLOOD WORK REQUISITION MUST INCLUDE:
 HepBsAb, HepBsAg, HepBcAb****
Note: If all 3 markers are not present on attached serology it will need to be repeated.
5. It is strongly recommended that **Medical Laboratory** students are vaccinated against Meningitis. Students should receive 2 doses of MenB (Bexsero) and 1 dose of MenACYW-135 (Menveo or Menactra) to ensure full protection. These vaccinations are also recommended for all health workers.
6. If you do not have records for your Hepatitis B or Varicella vaccinations, please complete the serology (please note that **MMR serology is not accepted**).
7. The Immunization Record form does not need to be signed by a physician or a nurse **UNLESS** they are helping you fill out this form.
8. Hepatitis B Serology and Varicella Serology (if unsure of having during childhood) can be completed by your physician prior to starting your program, but can also be done during your immunization review at BCIT.
Note: Serology results can be submitted after handing in this form if you choose to have it completed by your family physician, you do not have to have it completed prior to submission.
9. For all programs with exception to Nursing, a sign-up sheet will be sent to your instructor at the start of the semester for you to sign up to have your immunization review and TB Skin Test completed, you do not need to book one ahead of time. Nursing students- We will call you after receiving your forms to set up a date for immunization review and TB Skin Test, you do not need to call us.
10. There is a \$25 fee for the mandatory immunization review and a \$35 fee for the Tuberculin skin test. Our clinic accepts both Debit, Credit and Cash.
11. Please note that after your form is sent in, a nurse will review your form and update admissions that it has been received. You will be contacted by us should we require any further information or records. Should you have any questions or concerns please contact us at 604.432.8843 or email us at Nurses@bcit.ca***

Upon completion, please forward this form, immunization records and blood work results to:
Mail: BCIT Student Health Services, SE16 –127, 3700 Willingdon Avenue, Burnaby, BC, V5G 3H2
Email: Nurses@bcit.ca Or Fax: 604.431.7261

IMMUNIZATION RECORD

DATES TO BE IN DD/MM/YYYY FORMAT.

TETANUS/DIPHTHERIA			
Childhood primary series (5 doses, or 4 if fourth dose after age 4)	Yes	No	No Record Record Provided
Date of Last Tetanus Diphtheria Vaccination and check vaccination that was provided:			
Tetanus Diphtheria	Tetanus Diphtheria Polio	Adacel (Tetanus Diphtheria Acellular Pertussis)	
POLIO			
Childhood primary series (5 doses, or 4 if fourth dose after age 4)	Yes	No	No Record Record Provided
Date of last Polio Vaccination:			
MEASLES, MUMPS AND RUBELLA			
MANDATORY: 2 DOCUMENTED MMRS		No Record	Record Provided
MMR #1	MMR#2	SEROLOGY NOT ACCEPTED	
VARICELLA (CHICKEN POX)			
History of Disease Date:		Varicella Titre Date:	
**If unsure of immune status, please have Varicella Titre completed.		Results:	Immune Not Immune Record Provided
Adult Primary Series of 2 doses required if there is inadequate immunity.			
Date (Dose #1)	Vaccine	Date (Dose #2)	Vaccine
HEPATITIS B			
Primary Series (3 doses) complete. Record dates below.		Yes	No No Record Record Provided
Vaccine #1 Date:	Vaccine #2 Date:	Vaccine #3 Date:	
MANDATORY HEPATITIS B SCREEN AND ANTIBODY TITRE (ALL 3 MARKERS ARE REQUIRED)			
Hep B Surface Ag	Hep B Surface Ab	Hep B Core Ab	COPY OF RESULTS TO BE SENT TO BCIT STUDENT HEALTH SERVICES
MENINGOCOCCAL VACCINE		SEASONAL INFLUENZA VACCINE	
It is highly recommended Med Lab students receive 2 doses of MenB (Bexsero) and 1 Dose of MenACYW-135 (Menactra or Menveo). Dates MenB (Bexsero) Received: Date ACYW-135 Received:		Seasonal Influenza Vaccine (When available) Record Required. Not Mandatory.	
#1 _____ #2 _____	#1 _____	Yes Date Received: _____	No

Physician or Health Care Provider Signature (if assisted in filling out this form)

Physician Signature:	Date
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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 email or phone to follow up on your immunization history as indicated above. I hereby certify the above information is accurate and up-to-date, if submitting by email you are permitting BCIT Student Health 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 the named recipient is prohibited.

Student Signature:	Date
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