Lakehead UNIVERSITY | School of Nursing

Graduate Nursing
Required Clinical Immunization Record

The Communicable Disease Surveillance Protocols for Ontario Hospitals, developed by the Ontario Hospital Association and the Ontario Medical Association, approved by the Ministry of Health and Long Term Care, and endorsed by the Canadian Medical Protective Association, in accordance with Regulation 965/90 Section 4 of the Public Hospitals Act, applies to all "persons carrying out activities in the hospital, and continuing surveillance based on risk"; and requires known immune status on all health care workers, including physicians, dentists, midwives, nurse practitioners and special professional staff.

A. PERSONAL INFORMATION		
Last Name:	First Name(s):	
Address:		City:
Province:	Postal Code:	CNO #:

B. POLICY FOR PROFESSIONAL HEALTH CARE WORKERS

Workers in Health Care have an obligation to protect patients and themselves from infection that can be transmitted within the hospital setting. Immunization is an important tool in preventing the transmission of infections and assists in safeguarding the heath of the workers:

1. The Public Hospital Act has mandated immunization/testing requirements for all workers in Hospitals.
2. Agencies have the right to refuse access to those who do not met their immunization/testing requirements.
3. Failure to submit a signed and correctly completed immunization form may result in being withheld from hospital work.

It is the professional health care workers responsibility to ensure the following:

1. The form is complete, legible and signed. Copies can be made for personal records.
2. The completed form is sent to Lakehead University: adminasst.mnurs@lakeheadu.ca

C. IMMUNIZATION	
Tetanus/Diphtheria (Due every 10 years)	Date of last immunization:
Pertussis	Date of last immunization:
Polio	Date of last immunization:
Note: You must have documentation of a full series of tetanus, diphtheria, pertussis and polo. Pertussis immunization must be documented on all health care workers as received in adolescence or adulthood.	

Past history of Varicella (Chicken Pox):	No	Yes, year:	
Laboratory evidence of status is required:	Results:		Date:
Varicella vaccination (highly recommended if history of disease is unknown)	Date of 1st Vaccination:		
	Date of 2nd Vaccination:		
MMR (Measles, Mumps and Rubella)	Date of 1st Vaccination:		
	Date of 2nd Vaccination:		
	Possible additional booster:		
MMR antibodies serology (blood work) is required	Measles	Results:	Date:
	Mumps	Results:	Date:
	Rubella	Results:	Date:

Hepatitis B	Hepatitis B antibodies serology (blood work) is required
Date of 1st Vaccination:	Results:
Date of 2nd Vaccination:	Date:
Date of 3rd Vaccination:	

COVID-19 Vaccination	
Minimum 2 doses, certain healthcare settings may require more	Date of 1st Vaccination:
	Date of 2nd Vaccination:
	Booster date(s):

Signature of Student	Full Name:	Signature:

References: Public Hospitals Act, Regulation 965, Bylaw 4d (i-v) and 4e, pR5.2; Communicable Disease Surveillance Protocols for Ontario Hospitals