2018-2019 IMMUNIZATION RECORD

It is recommended that you complete and submit this form in the FIRST WEEK of classes

Field placement agencies require that students in the following programs have a completed immunization record:

Child and Youth Worker  Developmental Services Worker
Early Childhood Education  Social Service Worker

IMPORTANT

Failure to submit this form WILL prevent you from attending field placements and may impact your OSAP eligibility.

Retain a copy of this Immunization Record for your files. In some circumstances field placement agencies will request a copy of your immunization prior to placement.

Name: ________________________________

Student #: ________________________________

Program: ________________________________

Telephone: ________________________________

Area Code            Number

COMMUNICABLE DISEASE HISTORY

Check ✓ if you have had this illness or disease

Hepatitis A             Mumps             Tuberculosis

Hepatitis B             Hepatitis C          Red Measles

Chicken Pox (Varicella)        

Rubella (German Measles)       

Note: If you have not had German Measles or MMR Immunization (see next page), a Rubella blood screening MUST be done to determine immunity. There may be a fee from the laboratory and/or doctor’s office for results of screening.
REQUIRED

NAME: ________________________________

IMMUNIZATION HISTORY

Immunizations must be complete and up to date. You may require assistance from your health care provider or health unit in order to complete your immunization history. Please provide dates for ALL of the following and attach a copy of your proof of immunity or immunization record or your health care provider can initial/stamp this form.

<table>
<thead>
<tr>
<th>Test or Vaccine</th>
<th>Period of Immunity</th>
<th>DATE of Last Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, Diphtheria, Pertussis</td>
<td>within 10 years</td>
<td>__________________________</td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td>__________________________</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>Required if born after 1956 or no known immunity</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Note: An ADULT booster is recommended and may be required by some agencies.

HIGHLY RECOMMENDED

Hep B is REQUIRED for ECE students (see page 3)

HEPATITIS B VACCINE

Agencies recommend that students obtain the Hepatitis B vaccination. The Hepatitis B vaccine is a method of protecting you from acquiring Hepatitis B. Its cost varies from $80 to $150 and is not covered by OHIP. However, for full-time students, 90% of the cost is covered for most programs under the Georgian College Insurance once you commence your program and are considered a full-time registered student.

Hepatitis B Vaccination: Date: 1st ___________ 2nd ___________ 3rd ___________ if applicable

Note: Some agencies require students to have a Hep B blood titre before accepting them for placement.

RECOMMENDED

FLU VACCINE

Prior to placement some agencies expect students to have a flu vaccination. During a flu outbreak, any student without the vaccination may be denied access to the placement site by the agency, which may result in make-up time. Flu vaccine is free to Ontario residents and is available in the Fall.

Date of flu vaccine: __________________________

TUBERCULIN SKIN TEST OR CHEST X-RAY

Some agencies require a two-step TB test. Please note that this will require four (4) separate visits within a two-week period, to your Health Care Provider. If you have proof of a two-step skin test which tested negative, you will only require a one-step skin test.

NOTE: In agencies requiring a TB skin test, if it is contraindicated or if the TB test is positive, a chest X-ray is required.

ACKNOWLEDGEMENT

I understand that it is my responsibility to meet ALL additional vaccination or medical requirements including a Two-step Tuberculin Skin Test or Chest X-Ray if required by the placement agency. Failure to meet these requirements by the field placement start date will result in my field placement being cancelled.

Signature: ________________________________
I do hereby give consent to Georgian College to release the information I have provided on this Immunization Record to agencies while I am a student at Georgian College.

Name: 

Program: 

Signature: 

Date: 

If you have questions or concerns about the Immunization Record, please contact the Field Placement Office – B200.

**ECE Students only**

The above named student is healthy and physically able to complete an unpaid field placement in a child care setting

Health Care Provider Signature 

Date: 

**NOTE:**

ECE students completing placement in Simcoe County or the District of Muskoka will require proof of immunity or vaccination for Hepatitis B

Students completing placement in childcare in York Region will require a Two-Step Tuberculin Skin Test or Chest X-Ray