



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.

Test or Vaccine	Period of Immunity	DATE of Last Immunization (or immune level according to Blood titre)
Tetanus, Diphtheria, Pertussis	within 10 years	_____
Polio		_____
Measles, Mumps, Rubella (MMR)	Required if born after 1956 or no known immunity	_____

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: _____

CONSENT

Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), and endeavours to protect your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than for the administration and placement of field placement, practicum and/or clinical. For further information about the information requested on this form or the purpose for which it will be used, please contact The Office of the Registrar. For more information about FIPPA, please contact the Access and Privacy Office at 705-728-1968, extension 5770 or AccessPrivacy@GeorgianCollege.ca

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