

# IMMUNIZATION REQUIREMENTS - FACULTY OF HEALTH & HUMAN SERVICES PROGRAMS

## OVERVIEW

Immunization records (also called vaccination records) provide a history of all the vaccines a person has received. People without immunization records (or proof of immunity to disease) are considered unimmunized and unprotected.

Maintenance of immunity against vaccine preventable disease is an integral part of population and public health as well as occupational health programs for the Faculty of Health and Human Services (HHS). Optimal immunization not only safeguards one's own personal health but also protects others from becoming infected.

**All HHS Faculty** must be aware that being unimmunized or unprotected with insufficient vaccination could affect their ability to work in practice courses in some facilities and may affect their pay.

The priority for all faculty in HHS programs should be to ensure that all routine immunizations, including booster doses, are completed and booster doses are provided as needed on an ongoing basis.

Reference: <https://www.healthlinkbc.ca/health-library/immunizations>

## IMMUNIZATION PROCESS FOR HEALTH CARE FACULTY

1. **Faculty hired to HHS programs will submit proof of immunization before initiating contracts or as soon as possible. Records must be signed or stamped by a health care provider. Please arrange for an appointment at your earliest convenience.**
2. Immunizations and TB testing **may** be arranged by appointment at:
  - Local Health Units
  - Travel Clinics
  - Family Physician
  - Nurse Practitioner
  - Pharmacists
  - Other

**\*\*Faculty should bring all childhood or previous immunization records to the appointment for review.**

**In BC, a paper record is given at the time of immunization. Childhood immunizations are usually recorded in the Child Health Passport (a passport-sized booklet used to record immunizations and other important information). If you don't have a paper record, you can:**

- Contact the health care provider that gave the vaccines.
- Contact your community health nurse if the vaccines were given in a First Nations community.
- If you have moved to BC from another province or country, contact your immunization provider and ask to have the records sent to you.

**If you can't find an immunization record:**

- You may need to get some of the vaccines again. While this is not ideal, it is safe to repeat vaccines.
- Blood tests to determine immunity to vaccine-preventable diseases are not routinely recommended or available for all diseases.
- Your health care provider can help recommend what is best for you.

3. All faculty are responsible for keeping their own records of immunization and/or laboratory testing, and updating their immunizations as needed.
4. Faculty who cannot be immunized for medical reasons must provide documentation from a health care provider to that effect and complete the declination letter.

**PLEASE NOTE: There may be a fee for vaccination services.**

## IMMUNIZATION REQUIREMENTS – HHS PROGRAMS

**Last Name:** Click or tap here to enter text.

**First Name:** Click or tap here to enter text.

**Initial:** Click or tap here to enter text.

**Birth Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Telephone (Include Area Code):** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Personal Health No. (Care Card):** Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date.

**Program Name:** Choose an item.

**Hiring Date:** Click or tap to enter a date.

**NIC Employee No.:** Click or tap here to enter text.

**Vaccine schedules:** <https://www.healthlinkbc.ca/health-library/immunizations/schedules>

\*\*\*\*Please list all dates for immunization in the following order: YYYY/MM/DD\*\*\*\*

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## COVID 19 VACCINE

**Proof of COVID Passport:** \_\_\_\_\_  
Date (YYYY/MM/DD)                      Date (YYYY/MM/DD)

## TB SCREENING

All faculty should be screened for Tuberculosis (TB). Faculty must have **proof** of a negative TB skin test *within 12 months prior to the commencement of the program* unless they are a known positive reactor.

**TB Skin Test Date:** \_\_\_\_\_  
(YYYY/MM/DD)

**TB Read Date:** \_\_\_\_\_ **Result:** \_\_\_\_\_ **Read by:** \_\_\_\_\_  
(YYYY/MM/DD)                      (mm)                      *signature of Health Care Provider*

**TB Chest X-Ray** \_\_\_\_\_ **Result:** \_\_\_\_\_  
*If needed*                      Date (YYYY/MM/DD)

## MEASLES, MUMPS, RUBELLA (MMR)

The need for MMR vaccine is dependent on birth year, previous illness, and previous immunizations for each of the antigens. Previous vaccines may have been given as MMR or singly, or in various combinations.

**Measles, Mumps, Rubella (MMR) Vaccine #1:**

\_\_\_\_\_

Date (YYYY/MM/DD)

**Measles, Mumps, Rubella (MMR) Vaccine #2:**

\_\_\_\_\_

Date (YYYY/MM/DD)

## Td – TETANUS & DIPHTHERIA

Primary Tetanus/Diphtheria-containing vaccine Series (3 or 4 doses) in early childhood: Yes: ☐ No: ☐

**Tdap (Adacel) Dose #1:**

\_\_\_\_\_

Date (YYYY/MM/DD)

**Tdap (Adacel) Dose #2:**

\_\_\_\_\_

Date (YYYY/MM/DD)

**Tdap (Adacel) Dose #3:**

\_\_\_\_\_

Date (YYYY/MM/DD)

**Td Booster:**

(must be within last 10 yrs.)

\_\_\_\_\_

Date (YYYY/MM/DD)

## POLIO

Primary Polio Series (3 doses) in early childhood: Yes: ☐ No: ☐

If no, completion of 3 dose series:

**Polio Dose #1:**

\_\_\_\_\_

Date (YYYY/MM/DD)

**Polio Dose #2:**

\_\_\_\_\_

Date (YYYY/MM/DD)

**Polio Dose #3:**

\_\_\_\_\_

Date (YYYY/MM/DD)

**Polio Booster 10 years after primary series for faculty who may be exposed to feces:**

\_\_\_\_\_

Date (YYYY/MM/DD)

## HEPATITIS B SERIES AND ANTIBODY TEST

Faculty are considered immune to Hepatitis B if they have completed a series of Hepatitis B and one documented laboratory test showing immunity.

**Hepatitis B Immunity:** \_\_\_\_\_  
Date (YYYY/MM/DD)

If necessary, the Hepatitis B series may be initiated upon entry into the program.

**Hepatitis B Dose #1:** \_\_\_\_\_  
Date (YYYY/MM/DD)

**Hepatitis B Dose #2:** \_\_\_\_\_  
Date (YYYY/MM/DD)

**Hepatitis B Dose #3** (if 3 dose program, or if needed): \_\_\_\_\_  
Date (YYYY/MM/DD)

*Repeat Hepatitis B Series (as needed)*

**Hepatitis B Dose #4:** \_\_\_\_\_  
Date (YYYY/MM/DD)

**Hepatitis B Dose #5:** \_\_\_\_\_  
Date (YYYY/MM/DD)

**Hepatitis B Dose #6:** \_\_\_\_\_  
Date (YYYY/MM/DD)

Hepatitis B vaccine is recommended for health care workers who may be exposed to blood or body fluids.

*Those who do not develop immunity (non-responders) to an initial vaccine series should be offered a second series of vaccine. To check for immunity, Hepatitis B antibody levels should be tested 1 to 6 months after completion of the vaccine series.*

## INFLUENZA VACCINE

Annual Influenza vaccine is required (October to April). Faculty will need to repeat annual influenza vaccine throughout their program to meet immunization requirements of agencies.

**Date of most recent Influenza vaccine:** \_\_\_\_\_  
(YYYY/MM/DD)

## VARICELLA (CHICKEN POX)

If Varicella disease history or date of vaccines cannot be confirmed, then a Varicella IgG titre must be determined.

**History of Disease:**    Yes: ☐    No: ☐    **Date (if known):** \_\_\_\_\_  
(YYYY/MM/DD)

**OR Varicella Immunity (IgG antibody) Result:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(YYYY/MM/DD)

If Susceptible:

**Varicella Vaccine Dose #1:** \_\_\_\_\_  
Date (YYYY/MM/DD)

**Varicella Vaccine Dose #2:** \_\_\_\_\_  
Date (YYYY/MM/DD)

## MENINGOCOCCAL C (MEN-C)

The meningococcal C (Men-C) vaccine is provided free to infants as part of the routine infant immunization schedule. The vaccine may also be given to:

People born before 2002 who are 24 years of age and under, who did not get a dose of vaccine on or after their 10th birthday

For more information, visit [HealthLinkBC File #23a Meningococcal C Conjugate \(Men-C\) Vaccine](#).

The meningococcal quadrivalent vaccine is offered to all students in grade 9 as part of the routine immunization program in B.C. This vaccine is also provided free to adults who are:

- ≤ 24 years of age and born in 2002 or later who have not received the vaccine
- Medically high risk

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**FACULTY ARE RESPONSIBLE FOR SUBMITTING THIS FORM TO NORTH ISLAND COLLEGE HUMAN RESOURCES.**

I certify that the above information is accurate and up to date.

**Signature of Faculty:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(YYYY/MM/DD)

**Name/Stamp of Health Care Provider reviewing this document:** \_\_\_\_\_

**Signature of Health Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(YYYY/MM/DD)