
Immunization Record

Practical Nursing 1st Year International Student Clinical Requirements Checklist

Name: _____

Phone Number: _____ Email Address: _____

Documents to Complete in Home Country (to be submitted by August 15th):

_____ Immunization and Communicable Disease Testing Requirements

_____ WHMIS Certificate

_____ AODA Certificate

_____ Worker Health & Safety Awareness Training in 4 Steps

_____ Respectful College Community Training (Workplace Harassment,
Violence & Discrimination Training)

Requirements	Due Date	What to Submit by Email	Important to Note	Where Can I Obtain This?
TO BE COMPLETED UPON ARRIVAL IN CANADA				

First Aid & CPR (HCP Level) Certificates	September 30	Scan of certificates & A&P		
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IMMUNIZATION AND COMMUNICABLE DISEASE TESTING REQUIREMENTS

THIS FORM IS TO BE



C. Tetanus/Diphtheria/Polio/Pertussis vaccinations

Primary Series (given in childhood):

Vaccine #1 Date (mm/dd/yy): _____ (1st visit)

Vaccine #2 Date (mm/dd/yy): _____ (2 months after 1st visit)

Vaccine #3 Date (mm/dd/yy): _____

E. Tuberculosis – Tuberculin (TB) Skin Test (TST or Mantoux)

** Note: Chest X-rays are costly for international students in Canada. TB testing should be completed in full prior to coming to Canada.

Initial 2-Step Testing

Step 1 Date received (mm/dd/yy): _____ Date Read – 48-72 hours after receipt (mm/dd/yy): _____

Result: _____ mm of skin induration **If skin induration is ≥ 10 mm (positive), a chest x-ray is required**

AND

Step 2 (2nd step must be given 7 to 28 days after 1st test, in opposite arm, only if 1st test is less than 10mm induration.)

Date received (mm/dd/yy): _____ Date Read – 48-72 hours after receipt (mm/dd/yy): _____

Result: _____ mm of induration **If induration is ≥ 10 mm (positive), a chest x-ray is required**

If Results are Positive - Chest X-ray Date (mm/dd/yy): _____ Results: _____

If an Initial negative 2 Step Test has been previously completed, a 1-Step TB Test, within the current year, is required (documentation of the 2 Step test above is also required)

1 Step TB Test - Date received (mm/dd/yy): _____ Date Read – 48-72 hours after receipt (mm/dd/yy): _____

Result: _____ mm of induration

****ATTACH COPY OF IMMUNIZATION RECORD and/or**

G. Influenza – Flu Vaccination (available free of charge in Ontario in late October)

The annual Influenza vaccination becomes available in late October.

****SUBMIT COPY OF IMMUNIZATION RECORD FOR INFLUENZA VACCINE WHEN RECEIVED DUE BY NOVEMBER 30TH**

Most Health Care and Emergency Services agencies have mandatory requirements for immunizations and communicable disease testing, prior to employment. Since clinical placements necessitate that students have the same immunization and occupational abilities as agency employees, failure to comply with immunization standards may preclude students from participating in clinical placements and will jeopardize success in the program.

DOCUMENTATION THAT WILL BE ACCEPTED AS PROOF OF IMMUNIZATION AS OUTLINED AT THE BEGINNING OF THIS PACKAGE.

Students are required to maintain the original copy of all Communicable Disease Testing Requirements & Training Certificates. The college is not responsible to provide copies of requirements to students once submitted.

PN Annual Forms for Review and Agreement

All Students enrolled in the PN Program are required to read, understand and agree to abide by the criteria outlined on the following forms:

Current Student Contact Information

PN Acknowledgement of Student Manual

