

Immunization Record

Student Name: _____ Date: _____

Family Doctor: _____ Phone #: _____

Address: _____ Postal Code: _____

On the following chart, please indicate the date you had the vaccine/disease and **have your doctor verify where indicated (initials or signature)**.

Alternately, you can provide a copy of your vaccination record (showing name, date, vaccination received etc.)

A record of all mandatory immunizations must be provided to Continuing Education **no later than two weeks after program start**.

| VACCINE/DISEASE | DATE | DOCTOR'S VERIFICATION | INFORMATION |
|----------------------|------|-----------------------|--|
| Diphtheria | | | If your vaccination date is older than 10 years, a booster is required. |
| Tetanus | | | If your vaccination date is older than 10 years, a booster is required. |
| Polio | | | Polio-Salk series as a child (Sabin, Oral, 3) |
| Pertussis | | | Current vaccination required. (Typically received in grade 9) |
| Measles | | | If you've had the disease/vaccine, nothing further is required. |
| Mumps: | | | If you've had the disease/vaccine, nothing further is required. |
| Rubella Immunity | | | If you cannot provide proof of vaccination, a blood test can be done to determine immunity. If the results show an insufficient titre, you must receive the vaccine. Attach a photocopy of lab results. |
| COVID-19 | | | Minimum 2 doses required |
| Hepatitis B | | | Note: Hepatitis B takes up to 9 months to complete the full cycle. |
| Flu Shot | | | Must be received annually for the current flu season (Nov. – March) |
| Tuberculin Skin Test | | | If test returns positive, a negative chest X-ray is required within a year of the first practice education placement. Attach a copy of the test result. |

***Please note:** If you require vaccinations or have questions regarding where to receive your vaccinations, contact **your family physician or Community Health Unit**.

Resources

[Practice Education Guidelines for BC Communicable Disease Prevention. Page 6-7.](#)

[ORDER OF THE PROVINCIAL HEALTH OFFICER: HOSPITAL AND COMMUNITY \(HEALTH CARE AND OTHER SERVICES\) COVID-19 VACCINATION STATUS INFORMATION AND PREVENTIVE MEASURES – NOVEMBER 18, 2021](#)