

**Communicable Disease Screening**

Campus Health Centre

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**Please Read This Page Carefully****Instructions:**

- Please have your health care provider complete the medical section and sign/stamp this form
- Attach copies of immunization records and blood test results
- Check your specific program due date for submission
- Mail, fax or email (in PDF format only) your completed form to the Campus Health Centre
- There is a \$35.00 annual administrative fee payable prior to issuing the clearance card

**Before sending forms please confirm:**

- Student information section 1. is fully completed. Forms **will not be accepted** if this section is incomplete.
- Consent to share immunization status is signed
- Consent to communicate electronically is signed
- Immunization screening section is complete and signed by a health care provider
- Immunization records and blood test results are attached

**Frequently Asked Questions:****Where to I find my Immunization records?**

If you have an Ontario Health Card your immunization records can be obtained online at your local Health's Unit Website.

**What if I do not have an Ontario Health Card or access to my previous immunization records?**

A simple blood test can be done to determine if you require any vaccines.

**What if I do not have a family doctor?**

You can book an appointment with your local Public Health Unit's vaccine department. Make sure to bring this form with you.

**Can this form be completed at the Campus Health Centre?**

The Campus Health Centre can perform any immunizations or TB testing if you are studying locally. Appointments are booked by calling us at the number above.

**For any other questions, please contact us at the above phone number.**

**CONSENT TO ELECTRONIC COMMUNICATION**

The Campus Health Centre has offered to communicate using the following means of electronic communication services: Email, Telephone consultation, Videoconferencing

**Potential risks of using electronic communication.**

The Campus Health Centre will use reasonable means to protect the security and confidentiality of information sent and received using the Services ("Services" is defined in the attached Consent to use electronic communications). However, because of some the risks outlined below, the Physician/Campus Health Centre cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Physician or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Additional risks not listed

**Communicable Disease Screening Form  
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**Section 1**

Name: \_\_\_\_\_ DOB (DD/MM/YY): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Health Card Number: \_\_\_\_\_  
 Gender on Health Card:  Male  Female Student Number: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 School Program (i.e. ECE, SSW, PSW, RPN, RT, DH etc.): \_\_\_\_\_

**Check all that apply:**

Out of town  Online  In North Bay  On Campus

**Section 2**

Please sign below if you consent to share immunization status with program coordinator.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign below if you have read the attached Electronic Communications Policy and consent to the use of electronic communication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*This form will not be processed if section one is incomplete\***

**Tuberculosis Skin Testing (TST)**

- New students involved in community academic placement require documentation of a two-step.
- If a valid two step TST has been done greater than one year ago and documented on this form a recent one step TB test is required
- Do not give live virus vaccine with step one of TST
- If TST is positive, past or present **please have your physician also complete the section below:**

**Positive TB Surveillance (circle one)**

Discussed LTBI treatment?	Y	N
Reported to public Health?	Y	N
New or prolonged cough?	Y	N
Hemoptysis?	Y	N
Unexplained weight loss?	Y	N
Night sweats or fever?	Y	N

I have examined the above named student on: \_\_\_\_\_ (date)  
and find them clear of any signs or symptoms of active Tuberculosis.

Completed by: \_\_\_\_\_

**Office Stamp:**

Signature: \_\_\_\_\_ (MD/NP)

Date: \_\_\_\_\_

**Two Step TST:**

Date given: \_\_\_\_\_

Date read: \_\_\_\_\_

Result: \_\_\_\_\_

Date given: \_\_\_\_\_

Date read: \_\_\_\_\_

Result: \_\_\_\_\_

**Recent one-step TST if required:**

Date given: \_\_\_\_\_

Date read: \_\_\_\_\_

Result: \_\_\_\_\_

**If positive TST (past or present)**

BCG vaccine: \_\_\_\_\_

Chest x-ray date: \_\_\_\_\_

Chest x-ray results: \_\_\_\_\_

**Please attach chest x-ray**

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Name: \_\_\_\_\_ DOB(DD/MM/YY): \_\_\_\_\_

**Tetanus Diphtheria and Pertussis – Booster dose if 18 years of age or older is required**

- According to the Ontario Hospital Association: “All adult (18 and older) health care workers, regardless of age, should receive a single dose of tetanus diphtheria acellular pertussis (Tdap/Adacel/Boostrix) for pertussis protection if not previously received in adulthood. **The adult dose is in addition to the routine adolescent booster dose... The interval between the last tetanus-diphtheria booster and the Tdap vaccine does not matter”.**
- **Students will not be eligible for placement without the booster**

Tdap

Adacel

Boostrix

Date: \_\_\_\_\_

Age: \_\_\_\_\_

**Measles Mumps and Rubella**

- Students must have either proof of two MMR vaccines at least 4 weeks apart **OR** blood work indicating immunity to all three and results attached.

MMR #1: \_\_\_\_\_

MMR #2: \_\_\_\_\_

Titre results: \_\_\_\_\_

- Varivax II     Varilrix

Varicella #1: \_\_\_\_\_

Varicella #2: \_\_\_\_\_

Titre results: \_\_\_\_\_

**Varicella**

- Students must have either proof of two Varicella vaccines at least 4 weeks apart **OR** blood work indicating immunity to all three and results attached.

Hep B #1: \_\_\_\_\_

Hep B #2: \_\_\_\_\_

Hep B #3: \_\_\_\_\_

(if 3 dose series)

Titre results: \_\_\_\_\_

**If not immune:**

Booster #1: \_\_\_\_\_

Titre results: \_\_\_\_\_

**If not immune:**

Booster #2: \_\_\_\_\_

Booster #3: \_\_\_\_\_

Titre results: \_\_\_\_\_

**Hepatitis B**

- Students will need proof of the two dose or three dose series of Hepatitis B vaccine.
- Blood work confirming immunity is also required at least one month after the last dose of Hepatitis B vaccine.
- Student’s can be temporarily cleared with placement with only two doses if the remainder of the form is complete.
- Hepatitis vaccine is not required for ECE students although highly recommended.

**Health Care Provider Information:**

Completed by: \_\_\_\_\_

**Office Stamp:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_