Communicable Disease Screening
Campus Health Centre
100 College Drive, North Bay ON P1B 8K9
Campushealthcentre@canadorecollege.ca
Ph: 705-474-7600 ext. 5261
Fax: 705-495-7909

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 of 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
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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: __________________

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

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.

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.

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: ___________________________