



THERAPEUTIC RECREATION - IMMUNIZATION HISTORY FORM

Name: _____

Date of Birth: _____

Student ID#: _____

Provincial Health Care #: _____

ATTENTION: PUBLIC HEALTH NURSE (or other Health Care Professional)

The purpose of this form is to **provide a one-time snapshot of the current immunization status** of the above mentioned individual. Please indicate either "Met" or "Not Met" as per the immunization standard. These standards are based on the *Alberta Health Services Immunization Program Standard #08.302* (dated February 4, 2019). If standard is met, please check the "Met" box and provide the information requested if applicable (e.g. date of vaccine). **If standard is "Not Met", please check the "Not Met" box. Please ensure you have checked either "Met" or "Not Met" for each immunization standard, i.e. do not leave any blank.**

These immunizations are strongly recommended (**exception is rubella- legislated requirement**) for students planning to complete a practicum placement in an undergraduate Public Health program. **Submit a copy of the completed form to the Academic Practicum Supervisor (required 2-3 months prior a practicum placement).**

DISEASE	IMMUNIZATION STANDARD	IMMUNIZATION STATUS	
Tetanus, Diphtheria	Primary series completed and booster every 10 years	<input type="checkbox"/> Met Provide date of last vaccine in series or booster: _____	<input type="checkbox"/> Not Met
Pertussis	One dose of acellular pertussis containing vaccine (dTap) as adolescent or adult regardless of interval since last dose of Td	<input type="checkbox"/> Met Provide date of dTap: _____	<input type="checkbox"/> Not Met
Polio	Not currently required for post-secondary student placements	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
Measles	If born in 1970 or later, 2 documented doses of measles containing vaccine after 12 months of age <u>OR</u> If born before 1970, 1 documented dose of measles containing vaccine after 12 months of age	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
Mumps	If born in 1970 or later, 2 documented doses of mumps containing vaccine after 12 months of age <u>OR</u> If born before 1970, 1 documented dose of mumps containing vaccine after 12 months of age	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
Rubella	**Legislated requirement** Serological evidence of immunity (rubella IgG positive) <u>OR</u> One dose of rubella containing vaccine after 12 months of age	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
Varicella (Chicken Pox)	Laboratory evidence of immunity <u>OR</u> 2 documented doses of varicella vaccine <u>OR</u> Physician diagnosed shingles disease <u>OR</u> Self-reported history or physician diagnosed varicella disease in Canada prior to a routine immunization program	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
Influenza	One dose annually during flu season (Vaccine available each fall at various influenza clinics in the South Zone)	<input type="checkbox"/> Met Provide date of vaccine: _____	<input type="checkbox"/> Not Met

DISEASE	IMMUNIZATION STANDARD	IMMUNIZATION STATUS	
Hepatitis B	Laboratory evidence of immunity <u>OR</u> Documentation of a complete hepatitis B vaccine series	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
Tuberculosis	A one-step tuberculin skin test (TST) with results <10 mm within the last year <u>OR</u> Chest X-ray if TST results are >10 mm or history of BCG	<input type="checkbox"/> Met Provide date of last TST: _____ <u>OR</u> Provide date of chest X-ray: _____	<input type="checkbox"/> Not Met
COVID-19	One or more doses of vaccine as recommended by vaccine type	<input type="checkbox"/> Met Provide date of completed vaccination/series: _____ Provide date of last booster (if applicable): _____	<input type="checkbox"/> Not Met

Initial review of the current immunization status of the above mentioned individual was completed by:

Name (print): _____ Title: _____

Agency/Health Unit: _____ Phone Number: _____

Date: _____ Signature: _____

ATTENTION STUDENT/FACULTY:

Bring photocopy of this form to the Academic Practicum Supervisor once completed and signed by Health Care Professional

The personal information requested in this form is collected under the authority of the Post-Secondary Learning Act (section 65.a), Section 33.c of FOIPP Act, and Sections 27 and 20.b of the Health Information Act. Certain personal information may be made available to federal and provincial government department authorities and agencies under appropriate legislative authority. Personal information is protected under the Alberta FOIPP Act, the Health Information Act and in conformance with the University records retention policies. Questions can be directed to the Internship Specialist, Faculty of Health Sciences, University of Lethbridge (403.329.2576).

To the best of my knowledge, the above information is true and accurate. Any falsification of information may result in disciplinary action. I understand that failure to meet immunization requirements may result in my practicum placements not being facilitated.

Student's Signature

Date

For more information on recommended or required immunizations see:

<https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-imm-recomm-hcs-high-risk-occ-prg-appdx-a-08-302.pdf>
<http://www.phac-aspc.gc.ca/im/ic-ci/index-eng.php>