

# Immunization Record

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.**

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

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. <b>Attach a photocopy of lab results.</b>
COVID-19			Minimum 2 doses required
Hepatitis B			<b>Note: Hepatitis B takes up to 9 months to complete the full cycle.</b>
Flu Shot			Must be received annually for the current flu season (November–March).
Tuberculin Skin Test			If test returns positive, a negative chest X-ray is required within a year of the first practice education placement. <b>Attach a copy of the test result.</b>
Varicella/Chickenpox			If you've had the disease/vaccine, nothing further is required.