



**Bachelor of Nursing Student Immunization Record 2020-2021**

Student Name

Date of Birth (mm/dd/yy)

---



---

It is a regulation of the UNB Faculty of Nursing that all students in the Bachelor of Nursing and Bachelor of Nursing Advanced Standing Programs be immunized. A healthcare professional (HCP) must complete this form indicating present immunization status. Thank you in advance for your assistance.

Questions can be directed to: UNB Faculty of Nursing, Moncton Site [crbnmon@unb.ca](mailto:crbnmon@unb.ca) (506) 856-3355

**Healthcare Professional to complete:**

*The undersigned attest that the information provided is true and complete.*

Name (Please Print)

Initials

Phone Number

Date(s) Completed Form

---



---



---



---



---



---



---

**Student to complete:**

*I acknowledge the terms and conditions regarding the collection and use of this information, and attest that the information is true and complete to the best of my knowledge.*

Name (Please Print)

Signature

Date

---



---

*Your personal information is being collected in a manner that is consistent with UNB's Policy for the Protection of Personal Information and Privacy. It will be used to document your ability to participate in patient-related activities during your clinical placements with the Faculty of Nursing. Clinical agencies will be advised that clinical requirements have been met, but they will not receive a copy of your documents. Written permission from you will be sought if clinical agencies require disclosure of specific personal information. Your personal information is protected under the New Brunswick Right to Information and Protection of Privacy Act and Personal Health Information Privacy and Access Act, and the federal Personal Information Protection and Electronic Documents Act. For more information on the protection of personal information at UNB, please consult UNB Policy for the Protection of Personal Information and Privacy and the University Secretariat, University of New Brunswick, PO Box 4400, Fredericton, NB E3B 5A3, [www.unb.ca/secretariat](http://www.unb.ca/secretariat) or (506) 453-4613.*

### Tuberculosis Skin Test (TST)

- A two-step Mantoux Tuberculosis Skin Test (TST) is required
- Results should be read 48-72 hours after administration
- The second step TST should be 7-21 days after the first
- Chest x-ray is required if positive TST is documented
- Details of all follow-up measures taken are required if latent TB infection or active TB disease is diagnosed
- If date of completed two-step will be more than 1 year old as of September, a one-step test is required. Provide dates/results of both two-step and one-step testing.

		HCP Initials
Date Step 1 Administered	mm/dd/yy	
Date Step 1 Result Read	mm/dd/yy	
Step 1 Result	mm/dd/yy	
Date Step 2 Administered	mm/dd/yy	
Date Step 2 Result Read	mm/dd/yy	
Step 2 Result	mm/dd/yy	
Additional follow up if required	<input type="checkbox"/> Positive TST and chest x-ray report is attached <input type="checkbox"/> Latent TB infection of active TB disease is diagnosed; follow up measures taken included in attached letter	

### Varicella (Chicken Pox)

- Two documented doses **OR** serology indicating immunity
- **History of varicella is not sufficient to address this requirement**
- If non-immune, two doses of varicella vaccine are required, at least 6 weeks apart

		HCP Initials
Varicella Serology	<input type="checkbox"/> Serology attached; immune status <input type="checkbox"/> Serology attached; non-immune status	
If required, date of Dose 1	mm/dd/yy	
If required, date of Dose 2	mm/dd/yy	

### Red Measles, Mumps, Rubella (MMR)

- All individuals must have **two** documented doses of MMR
- This is a requirement of partnering clinical agencies, and as such, **serological evidence of immunity is not sufficient**

		HCP Initials
Date of 1 <sup>st</sup> MMR	mm/dd/yy	
Date of 2 <sup>nd</sup> MMR	mm/dd/yy	
If additional boosters were provided, indicate dates	mm/dd/yy	

## Hepatitis B

If series has not been completed:

- Commence series of three vaccinations, indicating dates for each
- Attach serology report following series completion

If series has been completed:

- Indicate dates of series
- Attach serology report following series completion

If not immune:

- 1 booster (indicate dates below)
- Attach serology report 1 month after booster
- If not immune after first booster, administer second booster in 1 month, and third booster in 5 months following the second dose
- Attach serology report 1-6 months after third dose

		HCP Initials
Date of Dose 1	_____	
Date of Dose 2	_____ mm/dd/yy	
Date of Dose 3	_____ mm/dd/yy	
Serology	<input type="checkbox"/> Serology attached; immunity indicated <input type="checkbox"/> Serology attached; non-immunity indicated	
Date of Booster 1, if non-immune	_____ mm/dd/yy	
Serology	<input type="checkbox"/> Serology attached (1 month after booster 1); immunity indicated <input type="checkbox"/> Serology attached (1 month after booster 1); non-immunity indicated	
Date of Booster 2, if non-immune	_____ mm/dd/yy	
Date of Booster 3	_____ mm/dd/yy	
Serology	<input type="checkbox"/> Serology attached (1-6 months after booster 3); immunity indicated <input type="checkbox"/> Serology attached (1-6 months after booster 3); non-immunity indicated	

## Diphtheria, Tetanus, Pertussis (DTaP)

- Proof of primary series is required (date of completion of primary series is sufficient)
- Proof of booster which must include pertussis within last **five years** is required
- The schedule related to pertussis is a requirement of partnering clinical agencies

		HCP Initials
Date of completion of primary series	_____ mm/dd/yy	
Date of booster (Tdap)	_____ mm/dd/yy	
Date of additional boosters, if applicable	_____ mm/dd/yy	