

record.

Process for Completing the Okanagan College Immunization Record

The student should make an appointment with their health care provider, bring to that appointment a completed and signed by the health care provider.

Influenza Vaccines (aka flu vaccine)

available generally in November each year.

Students, volunteers, contractors, vendors and visitors will be required to protect against

infectious diseases by either receiving a flu shot or wearing a mask while in a patient care area during the

the health care facility.

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<p>If necessary, this series may be initiated upon entry into your program. Antibody testing should be done within 1 to 6 months after immunization is completed, and follow up immunizations would be recommended as necessary.</p> <p>Titre Positive Titre Negative Immunized</p> <p style="margin-left: 150px;">Admin Date 1: _____ Admin Date 2: _____ Admin Date 3: _____</p> <p>Not Immunized Deferred Medical Reasons Non-Responder Unknown</p> <p>Negative Test Date: _____ Positive Test Date: _____ Not Required Unknown</p> <p>Negative Test Date: _____ Positive Test Date: _____ Not Required Unknown</p>	<p>All nursing students should have a TB skin test within the past 6 months prior to commencement in the program, unless they are a known positive reactor.</p> <p>Chest X-ray: Those with a known positive reaction in the past should have a chest X-ray unless there is proof of a previous chest X-ray results within 6 months.</p> <p>If the skin test is positive, a chest X-ray is required. The report of this X-ray must be provided with this document and it must be current to within 6 months of entry into the program.</p> <p>Less than 10 Test Date (Step:1) _____ Less than 10 Test Date (Step:2) _____ Greater than 10 Test Date (Step:1) _____ Greater than 10 Test Date (Step:2) _____ Not Required Unknown</p> <p>Negative No Follow Up X-ray Date: _____ Positive Follow up Needed X-ray Date: _____ Positive Follow up Done=Cleared X-ray Date: _____ Not Required Unknown</p>
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TB TESTING NOTES:

IMMUNIZATION NOTES:

<p>Student Signature:</p> <p>I certify that the above information is accurate and true.</p> <p>Health C</p>	<p>Date:</p>
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