
Oulton College requires completion of this information package prior to commencing the program of any calendar year in order to ensure that health and safety measures for our students and staff are met.

Please complete and return to admissions before: August 2010

1. Immunization report

It is mandatory that each student is immunized prior to the program. If, for medical reasons, you are unable to be vaccinated, please provide a note stating so from your attending physician.

Vaccinations can be obtained from your family physician or VON (506) 857- 9115.

2. Proof of Certification

CPR level C and Standard First Aid certifications are required before registration. They must be valid until the completion of the program.

3. Criminal Record Check

During the course of your program, you will be participating in activities at facilities that may require students to have a criminal record check with no convictions.

Please have the attached form completed and returned to the college.

Upon completion of the attached information, please submit to Oulton College administration.



**Medical Laboratory Assistant Program
Infectious Diseases and Immunization Report
2010-2011**

Student Name: _____

Please have a health care professional (eg. your physician or public health nurse) complete this form indicating your present immunization status. Failure to have this form completed will delay the student's entrance into clinical practice. Students are responsible for the cost of vaccines and blood tests if applicable.

1. Tetanus/Diphtheria (may include Pertussis) (DT or DPT)

Primary series is usually done in childhood. You are required to have a booster within the last 10 years. If available, it is recommended to have the booster which includes the pertussis (Whooping Cough) vaccine. (Adacel)

Date of primary series: _____

Date of booster: _____

Signature of Health Care Provider: _____

2. Poliomyelitis

Primary series is usually done in childhood. Some students may have had a booster for travel purposes.

Date of primary series: _____

Date of booster (if applicable): _____

Signature of Health Care Provider: _____

3. Hepatitis B

The Hep B vaccination is mandatory. This is a series of 3 injections over a 6 month period. Health care workers who may be exposed to blood or blood products or to the risk of needle stick injury will be at risk for infection with the Hepatitis B virus. Students must begin these vaccinations as soon as possible, before entering the program. The student is responsible for payment. If you previously had the vaccine, record the injection dates and provide proof of immunity.

Dates of vaccination:

Dose 1 Date: _____

Dose 2 Date : _____

Dose 3 Date : _____

Date of Antibody Screen (include lab result): _____

Signature of Health Care Provider: _____

4. Measles, Mumps, Rubella (German Measles) (MMR)

In the past several years, there have been significant outbreaks of measles and mumps across Canada. Most people born between 1970-1994 received one dose of the MMR vaccine at age 12 months. Health Canada has identified that this one dose is not sufficient to provide lifelong immunity in a majority of people. Two documented doses of MMR vaccine are required or evidence of immunity. If born prior to 1970, please provide written confirmation of having the measles, mumps and/or rubella. Rubella titre is required by everyone who has not had 2 doses of MMR.

Date of first dose: _____

Date of second dose: _____

Specify: _____

Date of titre: _____

Results of titre: _____

Signature of Health Care Provider: _____

5. Varicella (Chicken Pox)

Students are requested to provide written confirmation of having had the disease, If unsure, the student will need to have varicella titre performed. Varicella is highly contagious and may be life threatening for persons with immune deficiencies. It is recommended that all health care workers be screened and vaccinated if required. Adults require two doses of varicella vaccine.

History of Chicken Pox: YES NO

Result of Varicella titre (if applicable): _____

Date of Vaccine first dose: _____

Date of second dose: _____

Signature of Health Care Provider: _____

6. Influenza

Annual influenza immunization is highly recommended for all students. Influenza immunization of health care workers has been shown to reduce the mortality and morbidity of patients under their care and to reduce absenteeism during the influenza season. If applicable, please record the date of your last influenza vaccine.

Date of vaccination (if applicable): _____

Signature of Health Care Provider: _____

7. Tuberculosis

A 2-step Mantoux test is required. A chest x-ray is required if you test positive. The x-ray must have been done within the last year.

Step 1:

Date planted: _____

Date of results: _____

mm of induration: _____

Step 2:

Date planted: _____

Date of results: _____

mm of induration: _____

Date of chest x-ray if required: _____

Results: _____

Signature of Health Care Provider: _____



**Medical Laboratory Assistant Program
CPR Level “C” and First Aid
Certification
2010-2011**

Student Name: _____

Please attach a photocopy of your CPR Level “C” and Standard First Aid certifications

***a letter from the company that provided your training is acceptable until certificates are issued**

1. Standard First Aid certification is valid until: _____

2. CPR Level “C” certification is valid until: _____