



Admission immunization checklist

Applicant to complete

Personal information		
<i>To the best of my knowledge, the information on this form is accurate.</i>		
Last name <input type="text"/>	First name <input type="text"/>	Student ID number <input type="text"/>
Date of birth <input type="text" value="Y Y Y Y M M D D"/>	Phone number <input type="text"/>	Signature <input type="text"/>

Medical professional to complete

Tetanus, Diphtheria, and Pertussis		<input type="checkbox"/> complete
<input type="checkbox"/> Childhood series complete <input type="text" value="Y Y Y Y M M D D"/> Date of last dose	<input type="checkbox"/> Adult series <input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="text" value="Y Y Y Y M M D D"/> Date of last dose	<input type="checkbox"/> Booster shot <input type="text" value="Y Y Y Y M M D D"/> Date of booster. Required if 10+ years since last shot.
Polio		<input type="checkbox"/> complete
<input type="checkbox"/> Childhood series complete <input type="text" value="Y Y Y Y M M D D"/> Date of last dose	<input type="checkbox"/> Adult series <input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="text" value="Y Y Y Y M M D D"/> Date of last dose	<input type="checkbox"/> Booster shot <input type="text" value="Y Y Y Y M M D D"/> Date of booster. Required if 10+ years since last shot.
Varicella (Chickenpox)		<input type="checkbox"/> complete
<input type="checkbox"/> Childhood series complete <input type="text" value="Y Y Y Y M M D D"/> Date of last dose	<input type="checkbox"/> Titre test demonstrates immunity <input type="text" value="Y Y Y Y M M D D"/> Date of test review	
Hepatitis B		<input type="checkbox"/> complete
<input type="checkbox"/> Childhood series complete <input type="text" value="Y Y Y Y M M D D"/> Date of last dose	<input type="checkbox"/> Titre test demonstrates immunity <input type="text" value="Y Y Y Y M M D D"/> Date of test review	<input type="checkbox"/> Adult series <input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="text" value="Y Y Y Y M M D D"/> Date of last dose
Measles, Mumps, and Rubella		<input type="checkbox"/> complete
<input type="checkbox"/> Childhood series complete <input type="text" value="Y Y Y Y M M D D"/> Date of last dose	<input type="checkbox"/> Titre test demonstrates immunity <input type="text" value="Y Y Y Y M M D D"/> Date of test review	<input type="checkbox"/> Adult series <input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="text" value="Y Y Y Y M M D D"/> Date of last dose
Tuberculosis		<input type="checkbox"/> complete
<input type="checkbox"/> Skin test complete <input type="text" value="Y Y Y Y M M D D"/> Date	Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="text"/> Result in mm	<input type="checkbox"/> X-ray clear <input type="text" value="Y Y Y Y M M D D"/> Date of review. Required for positive results.
<i>The above named has provided me with all required immunization records for review and/or I have administered their vaccination(s) as required. To the best of my knowledge and records provided to me, the above information is accurate.</i>		
Printed name <input type="text"/>	Position <input type="text"/>	Affiliation <input type="text"/>
Date <input type="text" value="Y Y Y Y M M D D"/>	Signature <input type="text"/>	

Office use only	
Received by <input type="text"/>	Date <input type="text" value="Y Y Y Y M M D D"/>

Welcome to the health sciences program at Northern Lights College.

As a future health care professional, you will have direct contact with patients and are at a higher risk for acquiring and spreading diseases. Up-to-date immunizations greatly reduce that risk.

Before you can begin your education, we require proof of your immunization status as outlined in provincial practice education guidelines. The guidelines require anybody working in a health care facility to be protected against vaccine-preventable diseases. This includes you as a health care student on clinical placements. Clinical facilities may decline to place you if you cannot provide proof of up-to-date immunizations. Make sure that you have your records readily accessible at all times while in the program, should you have to provide them.

At Northern Lights College, you must meet the following requirements.

Tetanus, Diphtheria, and Pertussis	Proof of basic immunization series and booster within the last 10 years.
Polio	Proof of basic immunization series and booster within the last 10 years.
Chickenpox	Proof of vaccination or titre test demonstrating immunity.
Hepatitis B	Proof of hepatitis B vaccine series.
Measles, Mumps, and Rubella	Proof of two doses of MMR or titre test demonstrating immunity.
Tuberculosis*	Negative skin test. In case of a positive reaction, we require the review of a chest X-ray. Do not test for tuberculosis before August 1.
Influenza*	Proof of influenza vaccine. Submit separately once flu shots are available in the fall. We will not permit you to attend any clinical placement without it.

** required annually*

How to complete this form in an accurate, timely fashion

1. Prior to the start of the program, check with your family physician or local public health unit for childhood immunization records.
2. Take your immunization records and this form to your doctor or public health nurse to review and complete.
3. Should you require any, the medical professional administering outstanding vaccinations must complete the second part of the form in its entirety and attest that you meet all requirements.

Please note that you may face longer than average wait times for vaccine administrations, titres, and other tests in August and September. You are responsible for all associated fees.

4. Submit the completed form on or before the first day of class via email to admissions@nlc.bc.ca or in person on campus.