

Newfoundland and Labrador Student Pre-Placement Immunizations and Communicable Diseases Screening

STUDENT INFORMATION

Must be completed in full by students

Student Name (Last)	Student Name (First)	Middle Initial
Date of Birth (mmm/dd/yyyy)	Student Number	
School-issued Student Email	Telephone Number ()	
Education Program	Start Date with Program (mmm/dd/yyyy)	

NOTES TO STUDENT AND HEALTH CARE PROFESSIONAL (HCP)

This form should not be completed by a close contact/friend/relative.

Questions about this process should be directed to the clinical placement coordinator or designate at the educational program.

Completion of this document is a pre-requisite for student placements in a regional health authority (RHA) in Newfoundland and Labrador (NL). The requirements are based on provincial and national immunization standards. Completion of this form promotes student, staff and patient safety during placements in health care settings, and fulfills legal obligations between placement partners.

The immunizations process can be lengthy so it should be started early. Students are advised to obtain a copy of their immunization records from their local Public Health office, and bring these, along with the **full screening package (all 10 pages)**, to the screening appointment. Students can visit <https://www.gov.nl.ca/hcs/publichealth/cdc/immunizations/> to obtain the contact information for the Public Health Offices within RHAs in NL.

The information provided on this form is confidential. It is intended for the educational program and the RHA to ensure that TB testing and immunization requirements are met. Students must keep the completed document in a safe and accessible location as they may be asked for proof of completion of screening requirements at any time. Section 6 provides more information on student responsibilities in relation to this process.

The screening requirements are as follows:

- ✓ Proof of a 2-step TB skin test with one TB skin test completed no longer than 12 months prior to the student's start date with the educational program. If a test is positive, a subsequent chest X-ray, bloodwork and medical assessment are required.
- ✓ Proof of primary vaccine series for Tetanus, Diphtheria and Polio.
- ✓ Proof of Tetanus, Diphtheria and Pertussis (Tdap) vaccine in the past 10 years.
- ✓ Proof of 2 doses of Measles, Mumps and Rubella (MMR) vaccine.
- ✓ Proof of 2 doses of Varicella vaccine **or** blood work confirming immunity **or** history of lab confirmed infection, **or** health care provider diagnosis or a reliable self-reported history of varicella after the age of 12 months.
- ✓ Proof of full series of Hepatitis B vaccines **and** blood work confirming immunity.
- ✓ Proof of 2 doses of a 2-dose series **or** 1 dose of a 1-dose COVID-19 vaccine.
- ✓ Proof of yearly influenza vaccine (strongly recommended).

Screening that is conducted upon admission to the educational program will satisfy requirements for any clinical placement in any RHA for the duration of the program, as long as the student remains registered in their program of study. Students who take a leave of absence from their educational program for 12 months or more will require re-assessment using the full form. In this case, a one-step TB skin test dated within 12 months prior to the start date of the first clinical placement following return to the program is required.

For the purposes of this screening, a **qualified HCP** is one who has received education and/or competency-based training on vaccine administration and immunization practices to enable administration, interpretation and verification of immunization requirements within health care settings, for example, physicians, nurse practitioners, and registered nurses (eg. public/occupational/student health). Licensed practical nurses or pharmacists may also have this type of education.

HCPs must complete sections 1 and 2 **and** document their initials when each section is complete and requirements have been met, and also provide full contact information in Section 5. The final confirmation in Section 4(4A or 4B) is signed by the HCP who completes the final steps. **If applicable, Section 1.2 and Section 3 must be completed by a physician or nurse practitioner.**

SECTION 1: BASELINE TUBERCULOSIS (TB) ASSESSMENT

1.1 TUBERCULIN SKIN TEST (TST)
 Documentation of baseline two-step tuberculin skin test (TST) (second step administered between 1-4 weeks after the first, up to one year) with one TST no longer than 12 months prior to the student's start date with the educational program.

If more than 12 months have passed since the baseline two-step, a one-step must also be completed no longer than 12 months prior to the student's start date with the educational program. Students who take a leave of absence from their educational program for one year or more (more than 12 months) will require a one-step TST dated within 12 months prior to the start date of the first clinical placement following return to the program.

To be completed by a qualified HCP (see definition on page 1). HCP must Sign Declaration A or B below upon completion of the two-step TST (and additional testing if applicable).

	Date Administered (mmm/dd/yyyy)	Date Read (mmm/dd/yyyy)	Induration (mm)	Interpretation (positive* or negative)
Step 1				
Step 2				
Additional TST (if applicable)				
Additional TST (if applicable)				

**If there is a current or prior positive TB test, or prior treatment for active or latent TB, further assessment by a physician or nurse practitioner is required.*

HCP TB Declaration A: This student has tested negative and the TB assessment requirement is met.		HCP TB Declaration B: As a result of a positive interpretation of the TST, the student has been advised that follow up with a physician or nurse practitioner to complete section 1.2 is required.	
HCP Initials	Date (mmm/dd/yyyy)	HCP Initials	Date (mmm/dd/yyyy)

1.2 TUBERCULOSIS HISTORY/FOLLOW UP

To be completed by a **physician or nurse practitioner** if positive TST or current or prior treatment for active or latent TB is identified. Individuals with a positive TST should be referred for a chest x-ray and Interferon-Gamma Release Assay (IGRA) bloodwork unless they were already completed following a previous positive TST. Any further follow up and interpretation is the responsibility of the health care provider. For more information about medical assessment/follow up, see the "Guideline for Preventing the Transmission of Mycobacterium tuberculosis across the Continuum of Care" (Appendices 5 and 7B) at <https://www.gov.nl.ca/hcs/files/publichealth-cdc-tuberculosis-management.pdf>

	Date Administered (mmm/dd/yyyy)	Result (specify as appropriate)
History of TB disease		Yes/No
BCG (if given)		
IGRA blood test (completed after the date of the positive TST)		Negative/Positive/Indeterminate
Chest X-Ray (completed after the date of the positive TST)		Normal/Evidence of TB
Physician/Nurse Practitioner TB Declaration: Additional follow-up has been completed (as noted above). This student is cleared for clinical placement.	Physician/NP Initials	Date (mmm/dd/yyyy)

The collection of personal information is undertaken pursuant to applicable legislation including, but not limited to, the Access to Information and Protection of Privacy Act (2015), SNL2015, ch.-A-1.2; the Personal Health Information Act, SNL 20019, Ch.-P-7.01 and any other legislation which may apply.

SECTION 2: IMMUNIZATIONS AND TESTING SCREENING

To be completed by a qualified HCP (see definition page 1). Initials provided within each section indicate that the section is complete and requirements have been met. **Do not submit student immunization and blood work records.**

2.1 PRIMARY VACCINE SERIES (Tetanus, Diphtheria, and Polio)

Documentation of primary series completed (most recent 3 doses if 5 dose series was completed)

Date of 1 st dose (mmm/dd/yyyy)	Date of 2 nd dose (mmm/dd/yyyy)	Date of 3 rd dose (mmm/dd/yyyy)
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Requirement Met: HCP Initials

2.2 VARICELLA VACCINE (Chicken pox)

Select one of the following:

Documentation of two doses of varicella vaccine administered **at least four weeks apart (first dose given on or after the first birthday)**

Date of 1 st dose (mmm/dd/yyyy)	Date of 2 nd dose (mmm/dd/yyyy)
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Documentation of health care provider diagnosis of varicella or herpes zoster **or** a reliable self-reported history of varicella after the age of 12 months, if infection occurred prior to the implementation of a one-dose immunization program (2005 in NL)

Laboratory evidence of immunity

History of a laboratory-confirmed varicella infection

Requirement Met: HCP Initials

2.3 MEASLES, MUMPS AND RUBELLA (MMR) VACCINE

Documentation of two doses of MMR vaccine administered **at least four weeks apart (the first dose given on or after the first birthday)**

Date of 1 st dose (mmm/dd/yyyy)	Date of 2 nd dose (mmm/dd/yyyy)
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Requirement Met: HCP Initials

2.4 TETANUS, DIPHTHERIA AND PERTUSSIS (Tdap) VACCINE

Documentation of Tdap vaccine **within the past 10 years**

Date Administered (mmm/dd/yyyy)

Requirement Met: HCP Initials

2.5 INFLUENZA VACCINE (Strongly recommended)

Documentation of one dose administered yearly

Date Administered, if applicable (mmm/dd/yyyy)

Requirement Met: HCP Initials

2.6 COVID-19 VACCINE			
Documentation of two doses of a two-dose series <u>or</u> one dose of a one-dose series administered			
One- dose vaccine		Two –dose vaccine series	
Product Name	Date Administered (mmm/dd/yyyy)	Product Name	Date of 1st dose (mmm/dd/yyyy)
		Product Name	Date of 2nd dose (mmm/dd/yyyy)
Requirement Met: HCP Initials			
2.7 HEPATITIS B VACCINE			
Documentation of complete primary series of Hepatitis B immunization <u>and</u> laboratory evidence of immunity* (HBsAB not HBsAg). *Do not include result if considered non-immune.			
If exact dates of Hepatitis B vaccines are not available, a titre indicating immunity is acceptable.			
If immunization series is incomplete, student must complete Student Declaration Form A: Incomplete Immunizations . If student is a non-responder or has not achieved immunity after two series, student must complete Student Declaration Form C: Hepatitis B Non-Immunity			
Series 1	Date of 1 st dose (mmm/dd/yyyy)	Date of 2 nd dose (mmm/dd/yyyy)	Date of 3 rd dose (mmm/dd/yyyy)
Series 2 (if needed)	Date of 1 st dose (mmm/dd/yyyy)	Date of 2 nd dose (mmm/dd/yyyy)	Date of 3 rd dose (mmm/dd/yyyy)
Laboratory Evidence of Immunity	Date blood work completed (mmm/dd/yyyy)	HBsAB Result _____(IU/L) Document result only when immunity has been achieved	
Requirement Met: HCP Initials			

SECTION 3: EXEMPTION TO IMMUNIZATION(S) To be completed by a <u>physician or nurse practitioner</u> If not applicable, this section can be left blank.		
<input type="checkbox"/> There are indications for exemption for the following immunizations, and the implications of not getting vaccinated have been discussed with the student. _____ (list exemptions that apply)	Physician or NP Initials	Date (mmm/dd/yyyy)
*Note: Student must complete and attach the Student Declaration Form B: Exemption to Immunization(s) (p. 8) and review Student Pre-Placement Immunizations: Information for Students (p.10).		

SECTION 4: HEALTH CARE PROFESSIONAL FINAL CONFIRMATION

Select option 4A or 4B below:

4A: Form is incomplete. HCP to sign when immunizations are in progress or incomplete due to extenuating circumstances.

4B: Form is complete. HCP to sign when all outstanding sections have been completed (all requirements met).

<p>4A: Form is <u>incomplete</u> due to extenuating circumstances.</p> <p><i>* Note: Student must complete Student Declaration Form A: Incomplete Immunization(s) (p.9) <u>and</u> submit an updated Student Pre-Placement Immunizations and Communicable Diseases Screening Form to the school when outstanding requirements are completed.</i></p>	<p>HCP Initials</p>	<p>Date (mmm/dd/yyyy)</p>
<p>4B: Immunization and testing screening is <u>complete</u> and requirements are met.</p> <p><i>*Note: If applicable, the student must complete the Student Declaration Form B: Exemption to Immunizations (p. 9) <u>and/or</u> the Student Declaration Form C: Hepatitis B Non-Immunity (p.10).</i></p>	<p>HCP Initials</p>	<p>Date (mmm/dd/yyyy)</p>

SECTION 5: HEALTH CARE PROFESSIONAL CONTACT INFORMATION

Must be completed in full by all health care professionals who have completed any portion of the screening form.

<p>HCP Name <u>and</u> Professional Designation</p>	<p>Initials</p>
<p>HCP Signature</p>	<p>Telephone ()</p>
<p>Employer/Office Location</p>	
<p>HCP Name <u>and</u> Professional Designation</p>	<p>Initials</p>
<p>HCP Signature</p>	<p>Telephone ()</p>
<p>Employer/Office Location</p>	
<p>HCP Name <u>and</u> Professional Designation</p>	<p>Initials</p>
<p>HCP Signature</p>	<p>Telephone ()</p>
<p>Employer/Office Location</p>	

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SECTION 6: STUDENT FINAL DECLARATION

This section must be completed by the student. For incomplete forms, student signature must be updated as requirements are met.

My signature below (_____ (student name)) indicates the following:

- I have reviewed all sections of this form and acknowledge, to the best of my knowledge, that the information provided is accurate.
- I have not completed any part of this form myself, except for the Student Information and Student Final Declaration sections, as well as applicable Student Declaration Forms A, B, or C.
- I understand that it is my obligation, upon acceptance of a placement at a regional health authority (RHA) in Newfoundland and Labrador, to immediately inform my clinical supervisor/preceptor/instructor at the placement site and the placement coordinator/designate at my educational program, of any exposure to, or infection with, the communicable diseases outlined on this form.
- I provide consent for the educational program to share a copy of this form and/or the information on this form with the RHA for the purpose of clinical placements only.
- I understand that failure to submit a completed form may result in delay or cancellation of a clinical placement, and/or change of placement setting.
- I will ensure that I can readily access a copy of this completed form, for the duration of my program of study, as I may be asked to provide a copy to the educational program and/or RHA at any time.
- For immunizations that are incomplete, I will complete all recommended follow-up immunizations and tests as directed by the health care professional(s) and will provide an updated **Student Pre-Placement Immunizations and Communicable Diseases Screening Form** to my educational program and /or RHA as required.
- If applicable, I have completed and attached **Student Declaration Forms A (Incomplete Immunization(s)), B (Exemption to Immunizations(s)), or C (Hepatitis Non-Immunity).**

Student Signature(s)

Date (mmm/dd/yyyy)

SECTION 7: TO BE COMPLETED BY EDUCATIONAL PROGRAM STAFF ONLY

This section must be completed by the placement coordinator or designate at the educational program.

7A: As per item 4A, components of the immunization requirements are pending. An incomplete form has been received by the educational program. The student has been advised to submit an updated **Student Pre-Placement Immunizations and Communicable Diseases Screening Form** when outstanding requirements are met. **Student Declaration Form A: Incomplete Immunization(s)** has been submitted.

7B: As per item 4B, a complete screening form has been received by the educational program, and **Student Declaration Forms B (Exemption to Immunization(s)) and /or C (Hepatitis B Non-Immunity)** are attached, if applicable.

Staff Signature(s)

Date (mmm/dd/yyyy)

Student Declaration Form A: Incomplete Immunization(s)

This form is to be used when immunization series are planned or in progress, but not yet complete, due to extenuating circumstances.

It is not intended for immunization exemptions (use Form B, p.8), or if student has not achieved immunity to Hepatitis B after completion of 2 immunizations series (non-responder) (use Form C, p.9).

Must be completed by student.

I, _____ (student name) have not yet completed all Newfoundland and Labrador (NL) pre-placement immunizations screening requirements. My signature below indicates the following:

- I acknowledge that I may be inadequately protected against the following communicable disease(s) as per the NL requirements (list those that are applicable)

- I understand that there are risks of not being immune to the above, should I be exposed to the disease(s) while on a clinical placement in a regional health authority (RHA) in NL. I have read the document **STUDENT PRE-PLACEMENT IMMUNIZATIONS: INFORMATION FOR STUDENTS** (p.10)
- I acknowledge that I may be excluded from clinical placements in certain locations and may be asked to leave the clinical placement site in the event of an outbreak, or if I develop symptoms of the disease(s) for which I am not immunized.
- I acknowledge that my immunization history related to pre-placement screening requirements may be shared with appropriate RHA staff for the purposes of minimizing risk to myself, patients, and staff.
- I acknowledge that in the event of an exposure to a communicable disease for which I have not been vaccinated, immunization or chemoprophylaxis may be offered.
- I acknowledge that I must immediately report any possible exposure to, or infection with, the above communicable disease(s) to my clinical supervisor/preceptor/instructor at the placement site and the placement coordinator/designate at my educational program.
- I acknowledge that I may be required to take additional precautions to prevent transmission of communicable diseases, such as the use of personal protective equipment.
- I will complete all recommended follow-up immunizations and tests as directed by the health care professional(s) and will provide an updated **Student Pre-Placement Immunizations and Communicable Diseases Screening Form** to my educational program and /or RHA as required.
- I hereby release and agree to defend, indemnify, and hold harmless the RHA and its representatives from all losses, costs, expenses, judgment(s) or damages on account of injury to persons including death, in any way caused by any incomplete immunizations indicated on the NL Student Pre-placement Immunizations and Communicable Diseases Screening form, as may arise out of my placement with the RHA, together with all legal expenses and costs incurred by the RHA in defending any legal action pertaining to the same.

Student Name
Student Signature
Date (mmm/dd/yyyy)

Student Declaration Form B: Exemption to Immunization(s)

This form is to be used for exemption to one or more pre-placement immunizations for medical, personal or religious reasons.

This form is not intended for planned or in-progress immunization series (use Form A, p.7).

Must be completed by student.

I, _____ (student name) have an exemption to one or more Newfoundland and Labrador (NL) pre-placement immunization requirements. My signature below indicates the following:

- I acknowledge that I may be inadequately protected against the following communicable disease(s) as per Section 3 of the Newfoundland and Labrador Student Pre-Placement Immunizations and Communicable Diseases Screening Form (list those that are applicable)

- I understand that there are risks of not being immune to the above, should I be exposed to these disease(s) above while on a clinical placement in a regional health authority (RHA) in NL. I have read the document **STUDENT PRE-PLACEMENT IMMUNIZATIONS: INFORMATION FOR STUDENTS** (p. 10)
- I acknowledge that I may be excluded from clinical placements in certain locations and may be asked to leave the clinical placement site in the event of an outbreak of a communicable disease for which I am not immune or if I develop symptoms of the disease(s) for which I am not immunized.
- I acknowledge that my immunization history related to pre-placement screening requirements may be shared with appropriate RHA staff for the purposes of minimizing risk to myself, patients, and staff.
- I acknowledge that I must immediately report any possible exposure to, or infection with, any of the above communicable diseases to my clinical supervisor/preceptor/instructor at the placement site and the placement coordinator/designate at my educational program.
- I acknowledge that in the event of an exposure to a communicable disease for which I am not immunized, immunization or chemoprophylaxis may be offered.
- I acknowledge that I may be required to take additional precautions to prevent transmission of communicable diseases, such as the use of personal protective equipment.
- I hereby release and agree to defend, indemnify, and hold harmless the RHA and its representatives from all losses, costs, expenses, judgment(s) or damages on account of injury to persons including death, in any way caused by my opting out of some or all of the immunization(s) indicated on the NL Student Pre-placement Immunizations and Communicable Diseases Screening form, as may arise out of my placement with the RHA, together with all legal expenses and costs incurred by the RHA in defending any legal action pertaining to the same.

Student Name
Student Signature
Date (mmm/dd/yyyy)

Student Declaration Form C: Hepatitis B Non-Immunity

This form is to be used for students who have not achieved immunity to Hepatitis B after completion of two immunizations series (non-responder).

This form is not intended for immunizations series in progress (use Form A, p.7) or for students who have an approved exemption (use Form B, p.8).

Must be completed by student.

I, _____ (student name) have not achieved immunity to Hepatitis B after completion of 2 immunizations series (non-responder). My signature below indicates the following:

- I understand that the regional health authority (RHA) does not accept any responsibility for the risk of accidental exposure or injury not/caused by the RHA, its servants, agents or employees, which I may incur during this placement.
- I understand there are risks of not being immune to Hepatitis B, should I be exposed to the disease while on a clinical placement in a RHA in Newfoundland and Labrador. I have read the document **STUDENT PRE-PLACEMENT IMMUNIZATIONS: INFORMATION FOR STUDENTS** (p. 10)
- I understand that my placement options may be changed to protect my safety, as well as the safety of others, and that I may be excluded from certain placement settings or subject to restrictions if I am not immune to Hepatitis B.
- I acknowledge that I must immediately report any possible exposure to Hepatitis B (e.g., a skin injury, bite or mucosal splash) to my clinical supervisor/preceptor or instructor.
- I hereby release and agree to defend, indemnify, and hold harmless the RHA and its representatives from all losses, costs, expenses, judgment(s) or damages on account of injury to persons including death, in any way caused by my Hepatitis B non-immunity / non-responder status as indicated on the NL Student Pre-placement Immunizations and Communicable Diseases Screening form, as may arise out of my placement with the RHA, together with all legal expenses and costs incurred by the RHA in defending any legal action pertaining to the same.

Student Name
Student Signature
Date (mmm/dd/yyyy)

STUDENT PRE-PLACEMENT IMMUNIZATIONS: INFORMATION FOR STUDENTS (Supplementary to Form A,B,C)

WHY ARE VACCINES IMPORTANT?

The development of vaccines is one of the greatest accomplishments in public health. Vaccines have contributed to the reduction and control of communicable diseases amongst populations and most have proven to be cost effective in healthcare systems. Getting vaccinated prevents and/or lowers one's chances of getting ill from some life-threatening diseases and may prevent spread of the disease to patients and family.

WHAT ARE THE RISKS ASSOCIATED WITH VACCINATIONS?

As vaccines are given to relatively healthy people, the risk of getting ill or injured from a vaccine is low. Side effects and adverse reactions from some vaccinations may include, but are not limited to, flu-like symptoms (fever, nausea and vomiting, malaise, headache), a local reaction at the injection site, Guillain-Barre syndrome, a risk to immune suppressed individuals, risk to fetus, joint pain, febrile seizures, hypotonic-hyporesponsive episodes, oculo-respiratory syndrome, excessive limb swelling and death or morbidity from anaphylaxis.

If you need information specific to your own health risk, consult with your primary health care provider.

WHAT ARE THE IMPLICATIONS IF I AM NOT VACCINATED FOR ONE OR MORE OF THE PRE-PLACEMENT REQUIREMENTS?

Students are at risk of exposure to communicable diseases because of their contact with patients or their environment, so having a vaccine offers protection. There is also a risk that an unvaccinated student could transmit an undiagnosed infectious disease to others. If a student has not completed one or more of the required pre-placement immunizations, or cannot achieve immunity, they should educate themselves regarding implications for placements and other potential risks.

For placements in the regional health authorities, the placement site will need to know if you are not immunized against any of the communicable diseases outlined in the provincial requirements. If there is an outbreak of an illness for which you are not vaccinated, then you may be removed from the clinical site, have your placement delayed or cancelled, or have to wear extra personal protective equipment in order to remain on placement.

As a student, the impact of getting sick and missing time from your program of study can be a significant. If you are unable to complete your clinical placements, this may delay meeting required clinical hours and result in failure to progress in your program of study or to graduate on time.

Exposures to blood and/or body fluids must be reported to your clinical supervisor, but this is especially important if you are not immunized for certain illnesses. If you are exposed to certain communicable diseases on placement, you may be offered vaccination, treatments and diagnostic testing for this disease.

There may be costs associated with missing clinical time, therapy and treatment and/or diagnostics which you will be responsible for. This can include legal costs as well.