

**Canadian Medical School Applicants
Immunization Documentation
As of February 2011**

In order to participate in a clinical elective all students must indicate that they are not at risk of developing or spreading infections. Please complete the following questions below and return with your completed application form to the following address:

**Electives Administrator
U of Manitoba, Faculty of Medicine
260 – 727 McDermot Avenue,
Winnipeg, MB R3E 3P5
Canada**

A lack of immunity will not necessarily preclude participating in the clinical elective but this information will be forwarded to our Immune Status Coordinator and the College of Physicians and Surgeons of Manitoba for review and a final decision.

Your signature at the end of the form will be sufficient verification for the applications process. You should however assemble proofs (immunization cards or doctor's letter) of all immunizations and have them available if they are required.

Please Circle:

Tuberculosis

- | | | |
|--|-----|----|
| • I have documentation of a two step TB skin test performed just before the start of medical school | Yes | No |
| • I have a positive skin for TB but have documentation of a chest x-ray in the last 12 months which indicates no active TB | Yes | No |

Diphtheria, Tetanus, and Polio

- | | | |
|---|-----|----|
| • I have documentation of having completed a primary series of diphtheria, tetanus and polio. | Yes | No |
| • I have had a tetanus booster within the last 10 years. | Yes | No |

Measles

- | | | |
|--|-----|----|
| • I have documentation of 2 valid doses of live mumps virus vaccine on or after the first birthday. | Yes | No |
| • If you answered no to the above please indicate if you have Documentation of having had antibody titre done that indicates immunity. | Yes | No |

Hepatitis B

- | | | |
|---|-----|----|
| • I have documentation of receiving the full immunization series (3 vaccines) for Hepatitis B. | Yes | No |
| • I have documentation of having had an antibody titre done following Hepatitis immunization which confirms my immunity to Hepatitis B. | Yes | No |
| • I have a history of Hepatitis B and I am e-antigen positive. | Yes | No |

Rubella

- | | | |
|--|-----|----|
| • I have documentation of one valid dose of live rubella vaccine on or after the first birthday. | Yes | No |
| • If you answered no to the above please indicate if you have documentation of having had a rubella antibody titre done that indicates immunity. | Yes | No |

Mumps

- | | | |
|---|-----|----|
| • I have documentation of 2 valid doses of live mumps virus vaccine on or after the first birthday. | Yes | No |
|---|-----|----|

- If you answered no to the above please indicate if you have documentation of having had antibody titre done that indicates immunity. Yes No

Varicella

- I have documentation of age-appropriate dose of varicella vaccine: 1 dose if the age of initial vaccination was 1-12 years; 2 doses if the initial vaccination age was 13 or older. Yes No
- If you answered no to the above, please indicate that you have documentation of having had VZV antibody titres done that indicates immunity. Yes No

Influenza

- I have documentation of receiving the most current influenza vaccination. Yes No
- If you answered no to the above please state the reason:
 Personal or Other: _____

N95 Mask Fitting

- Copy of Certificate of fitting included Yes No
- If you answered no please state the reason:

I verify that the above information is correct and accurate. Any changes to the above information that might occur prior to the start of the elective will be reported to the Electives Administrator as soon as possible.

 Student Name (Print)

 Student Signature

 Date

This *personal information* is being collected under the authority of the University of Manitoba Act. It will be used to document your immune status in order to determine your ability to participate in patient-related activities during your elective placement with the Faculty of Medicine. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your information, contact the FIPPA/PHIA Coordinator's Office: (204) 474-8339, University of Manitoba Archives and Special Collections, 331 Dafoe Library, Winnipeg MB R3T 2N2.