



## Visiting Elective Student Immune Status Record

### Faculty of Medicine, University of Manitoba

Student name: _____	Date of birth: _____
Home medical school: _____	Expected year of graduation: _____

**For details, please refer to the document:  
"Guide to Immune Status Requirements for Visiting Elective Students"**

<b>1. Tetanus, diphtheria</b>  Pertussis vaccination is optional.	<b>Received primary series?</b> i.e. the series of vaccinations typically given in childhood.  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of last booster(s):</b> Must be within the past 10 years. Can be given as either Td or Tdap (the latter includes acellular pertussis).  Date: _____ Vaccine: _____
<b>2. Polio</b>	<b>Received primary series?</b> i.e. the series of vaccinations typically given in childhood.  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of last booster:</b> Adult booster doses generally not required.  Date: _____ Vaccine: _____
<b>3. Measles</b>  History of disease not sufficient unless accompanied by laboratory confirmation.	<input type="checkbox"/> <b>Born prior to 1970</b>	<input type="checkbox"/> <b>Measles titre:</b>  Result: _____ Date: _____
<b>OR</b>		<input type="checkbox"/> <b>Measles vaccine:</b> <u>Two</u> doses required at least a month apart, starting on or after the first birthday.  Date (1): _____ Date (2): _____
<b>4. Mumps</b>  History of disease not sufficient unless accompanied by laboratory confirmation.	<input type="checkbox"/> <b>Born prior to 1970</b> (such students require at least one documented mumps vaccination)	<input type="checkbox"/> <b>Mumps titre:</b>  Result: _____ Date: _____
<b>OR</b>		<input type="checkbox"/> <b>Mumps vaccine:</b> <u>Two</u> doses required at least a month apart, starting on or after the first birthday.  Date (1): _____ Date (2): _____
<b>5. Rubella</b>  History of disease not sufficient unless accompanied by laboratory confirmation.		<input type="checkbox"/> <b>Rubella titre:</b>  Result: _____ Date: _____
<b>OR</b>		<input type="checkbox"/> <b>Rubella vaccine:</b> <u>One</u> dose required on or after the first birthday; document any additional doses.  Date: _____ Date: _____
<b>6. Varicella</b>	<input type="checkbox"/> <b>History of disease</b> Must be certain, e.g. student or parent can accurately describe illness with chickenpox; or physician-diagnosed	<input type="checkbox"/> <b>Varicella titre:</b> Only to be done for those with an uncertain or absent history of disease.  Result: _____ Date: _____
<b>OR</b>		<input type="checkbox"/> <b>Varicella vaccine:</b> Only indicated for those with negative serology. For adults, two doses are required at least a month apart. Post-vaccination serology is not recommended.  Date (1): _____ Date (2): _____
<b>7. Hepatitis B</b>  Serology showing immunity is required for students (anti-HBs $\geq 10$ mIU/mL). Most students will require a series of three vaccinations to achieve this, and a single test for anti-HBs. Hepatitis vaccination can be given as either hepatitis B alone, or as combined hepatitis A and B vaccine.	<b>Hepatitis B vaccine:</b> Given at 0, 1, and 6 months.  Dose 1: <input type="checkbox"/> B alone or <input type="checkbox"/> A and B Date: _____ Dose 2: <input type="checkbox"/> B alone or <input type="checkbox"/> A and B Date: _____ Dose 3: <input type="checkbox"/> B alone or <input type="checkbox"/> A and B Date: _____	
	<b>Booster dose, or second series:</b> Indicated if initial post-vaccination series serology does not show protective levels of anti-HBs.  Dose 4: <input type="checkbox"/> B alone or <input type="checkbox"/> A and B Date: _____ Dose 5: <input type="checkbox"/> B alone or <input type="checkbox"/> A and B Date: _____ Dose 6: <input type="checkbox"/> B alone or <input type="checkbox"/> A and B Date: _____	
	<b>Serology (anti-HBs):</b> Draw prior to vaccine series if immunity already suspected, or else 1-2 months after final dose of 3-dose series. Once immunity has been documented, no further testing or vaccinations are required.  Date: _____ $\geq 10$ mIU/mL <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Additional serology:</b> If initial post-vaccination serology is negative, give one booster dose (if first series was remote), or a complete second series (if first series was recent), and draw serology 1-2 months after last dose. Work-up for chronic hepatitis B infection (HBsAg positive) after a second failed 3-dose series.  Date: _____ $\geq 10$ mIU/mL <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ HBsAg <input type="checkbox"/> Pos <input type="checkbox"/> Neg	

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**8. Tuberculosis**

If no previous testing, will require a two-step TST, with step 2 administered 7-28 days after step 1.

NOTE: For healthcare workers a significant TST is usually defined as one  $\geq 10$  mm induration, although the provider must be aware of situations where a TST  $<10$  mm may be considered significant (for further details please refer to the *Canadian Tuberculosis Standards*, 6th edition, 2007). Self-reading of TSTs is not acceptable.

**BCG vaccine:** A new or repeat BCG is not recommended.

Given:  Yes  No Approximate date/age: \_\_\_\_\_

Scar present:  Yes  No Site: \_\_\_\_\_

**Tuberculin Skin Test (TST):** Students must have a two-step TST documented, and a recent TST (done when the student entered medicine). Ensure the most recent TST is also listed. Repeat TSTs are generally not required, unless the student experiences a high-risk exposure to TB. TST results must be read 48-72 hours after administration and recorded in millimetres of induration; please do NOT record as "positive" or "negative".

Date administered: \_\_\_\_\_ Result: \_\_\_\_\_ mm

Date administered: \_\_\_\_\_ Result: \_\_\_\_\_ mm

Date administered: \_\_\_\_\_ Result: \_\_\_\_\_ mm

Date administered: \_\_\_\_\_ Result: \_\_\_\_\_ mm

**Chest x-ray:** NOT required routinely; obtain only if significant TST discovered, or if significant TST already documented but previous chest x-ray report is unavailable. If an x-ray was done previously, submit the old report.

Chest x-ray required?  Yes  No

Date: \_\_\_\_\_

Report attached

**Interferon gamma release assay (IGRA):** IGRA testing will be accepted in lieu of a tuberculin skin test; such testing is not yet universally available.

Date administered: \_\_\_\_\_ Result: \_\_\_\_\_

Date administered: \_\_\_\_\_ Result: \_\_\_\_\_

**Follow-up for a significant TST, positive IGRA, previous diagnosis of latent TB infection, or active TB disease:** Students must submit details of follow-up measures taken for any of these conditions; for a significant TST, mention whether therapy for latent tuberculosis infection was started, completed, or refused.

**9. Influenza**

Written refusal is required if a student chooses not to be vaccinated but attends the University of Manitoba during influenza season (November to May inclusive).

Influenza vaccine given:

Date: \_\_\_\_\_

OR

Written refusal form attached (available online)

OR

Student will submit documentation of vaccination when vaccine is available for influenza season

**The physician or nurse signing below indicates that the information listed on this form is an accurate account of the student's current immune status.**

Name of physician/nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

**Students are not permitted to fill out or sign their own forms.**

*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.*