Immune Status Consent Form
College of Nursing, University of Manitoba

Please read this document carefully, and be sure you understand it completely before signing below.

For the purposes of this document, “immune status” refers to the immunizations and testing that are required of students by the College of Nursing, Rady Faculty of Health Sciences, University of Manitoba, in order to support the policies of the student’s current program of study. This includes immunizations and/or testing related to diphtheria, hepatitis A and B, influenza, measles, mumps, rubella, pertussis, polio, tetanus, tuberculosis, and varicella (chickenpox). Other agents of disease may be included as outlined in (3) below.

(1) I understand that maintaining an accurate and up-to-date immune status record is an important responsibility of being a student, to protect my own health, as well as the health of the patients with whose care I will be involved.

(2) While I understand that in general immunizations and health screening tests are voluntary procedures, I acknowledge that the procedures within the scope of this document are also a condition of enrolment within my chosen program of study. At any time I may refuse any part of the proposed immunizations or testing, and I understand that this may mean I may not be allowed to participate in clinical activities involving patients, which may affect my ability to complete my program.

(3) I understand that on occasion immune status recommendations or requirements may change based on new information and evidence, outbreaks of communicable diseases, or university policies. I accept that it is my responsibility to follow through on immune status recommendations or requirements of the College of Nursing while I am enrolled as a student.

(4) I understand that my immune status personal health information will only be used by those directly involved with the College of Nursing, and only for the stated purposes of the program; this may include designated individuals directly involved with the delivery of immunizations or screening tests, at the discretion of the Associate Dean, Undergraduate Programs. I understand that only the minimal amount of information required to deliver the program will be used.

(5) I consent that if required, the College of Nursing may obtain and use from an external source records of immunizations, testing, or treatment of infectious diseases that fall within the scope of this document. An external source includes but is not limited to my family physician, public health, specialty care, healthcare institutions, laboratories, and immunization registries.

(6) I give permission for all or part of my immune status record to be used or disclosed to the occupational health departments of the facilities in which I will study as a student, at the discretion of the Associate Dean, Undergraduate Programs, so long as I remain a student within the College of Nursing.

(7) If additional testing for or treatment of a communicable disease within the scope of this document is conducted by occupational health or infection control of a healthcare institution, or by public health or another institution in the community, I agree that this information may be requested and used by the College of Nursing, so long as I remain a student within my current program of study.

(8) I understand that I can request a copy of my immune status record for my own records at any time, for as long as the College of Nursing maintains a copy of my records.

(9) I understand that my immune status record will be kept secure while I am a student enrolled within my current program of study, and for a minimum of 10 years after my expected date of graduation. Eventually the College of Nursing will destroy my immune status record in a secure and confidential manner, consistent with accepted methods of disposal of health records.

______________________________________________  __________________________________________
Student Signature                                      Date

☐ Bachelor  ☐ Masters  ☐ BPRN  ☐ PhD

Student Name (please print)
**Student Information**

**College of Nursing, University of Manitoba**

**(PLEASE PRINT NEATLY)**

<table>
<thead>
<tr>
<th>Last name:</th>
<th>Given name(s): (underline preference)</th>
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<tr>
<th>Program of study:</th>
<th>Expected year of graduation:</th>
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<tbody>
<tr>
<td>☐ Bachelor</td>
<td></td>
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<tr>
<td>☐ Masters</td>
<td></td>
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<tr>
<td>☐ BPRN</td>
<td></td>
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<td>☐ PhD</td>
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<tr>
<th>Date of birth: (dd/mm/yyyy)</th>
<th>Sex:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>☐ Female ☐ Male ☐ Other</td>
</tr>
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<tr>
<th>Mailing address:</th>
<th>City/town:</th>
<th>Postal code:</th>
</tr>
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<tr>
<th>6-digit MHSC number (Manitoba):</th>
<th>9-digit PHIN number (Manitoba):</th>
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<tr>
<th>Out-of-province health number (list province as well):</th>
<th>Country or province of birth:</th>
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**At what ages have you lived in Manitoba?** (e.g., “ages 0-5 years”, “all my life”, “never”, etc.)

<table>
<thead>
<tr>
<th>University student number:</th>
<th>Telephone/mobile:</th>
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<table>
<thead>
<tr>
<th>Email:</th>
<th>Can we communicate personal health information to you individually through this email address? (e.g., outstanding vaccination issues or advice; email will not be given out)</th>
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<tbody>
<tr>
<td></td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td></td>
<td>If yes, please provide your University of Manitoba email address (non-university accounts cannot be used):</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Person to call in case of an emergency:</th>
<th>Relationship:</th>
<th>Telephone:</th>
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**Student signature:** ___________________________  **Date:** ___________________________

*Please notify the College of Nursing of any changes to the information listed above. Thank you.*

**Student Health Questionnaire:**

Questions 1-9 relate to the following vaccine-preventable diseases: tetanus, diphtheria, pertussis, polio, measles, mumps, rubella, varicella, hepatitis A and hepatitis B.

<table>
<thead>
<tr>
<th>1. Where did you receive any of your childhood immunizations, usually given at ages 0 to 16 years? (Check all that apply)</th>
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<tbody>
<tr>
<td>☐ Likely in Manitoba before 1982 (We will obtain a provincial immunization registry record on you; you do not need to do this, howeerver you may also need to search for childhood records that were not entered into the registry)</td>
</tr>
<tr>
<td>☐ Likely in Manitoba in or after 1982 (We will obtain a provincial immunization registry record on you; you do not need to do this)</td>
</tr>
<tr>
<td>☐ Likely in another province or country (Please obtain these records and submit them to the Immunization Program. If records are not in English you can still submit these.)</td>
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<tr>
<td>☐ Other (give details):</td>
</tr>
</tbody>
</table>

We will be requesting records for students from the provincial immunization registry (please see page 17 of the Student Manual for a description of this). However, if you know of any relevant immunization records that you feel are not likely captured by the provincial immunization registry, please submit these to the program for review.
2. Have you ever had chickenpox disease or shingles? (Check all that apply; see page 29 of the Student Manual)
   - Yes, I am absolutely certain, I had chickenpox at (provide a precise age and/or year) ____________________________
   - Yes, I had shingles (zoster) at (provide a precise age and/or year) ____________________________
   - A physician diagnosed my chickenpox or shingles, and I am able to obtain documentation of the visit
   - I had a very mild form of chickenpox disease, or I am not certain
   - I was vaccinated against chickenpox
   - No, I don’t think I had chickenpox ever in my life
   Students may wish to check with their parents or former caregivers regarding the answer to this question.

3. Have you ever had serology checked for chickenpox (varicella) antibodies?
   - Yes (please obtain these records and submit them to the College of Nursing)
   - No, I did not
   - I am not certain

4. Have you ever had immunizations, tuberculin skin tests, and/or serology tests performed to satisfy the occupational health requirements of another program, school, or employer (e.g., employment or volunteering at a hospital)?
   - Yes (please obtain these records and submit them to the College of Nursing)
   - No
   - I am not certain

5. This section relates to hepatitis A and hepatitis B vaccines (see pages 30 to 33 of the Student Manual).
   **Previous vaccinations:** Have you ever had any doses of hepatitis vaccine? (Check all that apply)
   - I have had _____ doses of plain hepatitis A vaccine
   - I have had _____ doses of plain hepatitis B vaccine
   - I have had _____ doses of combined hepatitis A+B vaccine (brand name “Twinrix”).
   - I am not certain
   We will check the provincial immunization registry records for any doses that appear, and students do not need to do this. However we will let you know if doses you claim to have received do not appear in the provincial immunization registry. Please submit to the College of Nursing documentation of any hepatitis immunizations received in another province or country.
   **Serology (antibodies):** Have you ever had serology checked for hepatitis B antibodies, which demonstrated immunity?
   - Yes (please obtain these records and submit them to the College of Nursing)
   - No, I did not have this testing performed
   - I had this testing performed, but my results showed negative antibodies (no evidence of immunity)
   - I am not certain
   **Special situations:** Please offer us any additional useful information relating to your hepatitis vaccine requirements:

6. Have you ever been diagnosed with any of the following: (See pages 34 to 36 of the Student Manual)
   - Yes ☐ No ☐ Not certain Active tuberculosis disease
   - Yes ☐ No ☐ Not certain Latent tuberculosis infection (LTBI)
   - Yes ☐ No ☐ Not certain A positive tuberculin skin test (TST or Mantoux)
   - Yes ☐ No ☐ Not certain A positive blood test for TB infection (interferon gamma release assays such as QuantiFERON TB Gold and T-SPOT.TB are new tests that are not widely available in Canada)
   If you answered “Yes” to any of the above questions, please list all details, including the results of any follow-up measures taken:

7. Have you ever had a Bacille Calmette-Guérin (BCG) vaccination for tuberculosis? (See page 37 of the Student Manual)
   - Yes, I did at (age or date): ____________________________, and the scar is located (area of body) ____________________________
   - No I did not
   - I am not certain
   Students may wish to check with their parents or former caregivers regarding the answer to this question.
8. Most students will require one or more tuberculin skin tests (TST or Mantoux test), which is offered through the Immunization Program school clinics (see pages 34 to 36 of the Student Manual).

Have you had any previous TSTs or interferon gamma release assay (IGRA) blood tests performed?

- [ ] Yes (please submit any available documentation; note that TST and IGRA test results do not appear in the provincial immunization registry)
- [ ] No
- [ ] I am not certain

If you have documentation of previous TSTs, were any of the TSTs self-read (e.g., you read the test yourself, and then reported the result to a physician or nurse).

- [ ] Yes
- [ ] No
- [ ] I am not certain
- [ ] I do not believe I have had any TSTs

9. You can decide where you plan to have your immunization and testing requirements completed. Please choose ONE of the following options:

- [ ] I would like to wait for the orientation lecture at the start of classes to hear more about the services offered through the College of Nursing before I decide where I obtain any additional immunization services. During the orientation at the start of classes we will ask you through a written questionnaire which option you prefer: options will include having all services through the College of Nursing (free), or having all services through your own provider (students responsible for all costs).

- [ ] I do not want to wait for the orientation lecture at the start of classes, and I wish to see my own provider now. After we review your previous immunization and testing records you will be provided a list of any additional items you require; the list can be taken to your own healthcare provider.

For more information see pages 14 to 15 of the Student Manual.

Please note that parents, partners, and close family members must not provide students immunizations or testing, and must not complete any forms.

Student signature: _______________________________ Date: _______________________________

Notice Regarding Collection, Use, and Disclosure of Personal Information and Personal Health Information by the University

Your personal information and personal health information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of creating a record of your immune status, and for determining your ability to participate in patient-related activities during your placement with the College of Nursing. Your personal information and personal health information may be disclosed to your clinical placement site to confirm your immune status. Your personal information and personal health information will not be used or disclosed for other purposes, unless permitted by The Personal Health Information Act (PHIA) or The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information or personal health information, contact the Student Services Assistant at the College of Nursing (tel. 204-474-6655); you may also wish to contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.