UNIVERSITY OF MANITOBA

IMMUNIZATION RECORD

Name_____

Occupation_____

Department _____

Telephone No. (work)_____Date of completion_____

I have completed The University of Manitoba Risk Assessments for Laboratories. This is designed to identify University of Manitoba Laboratory Staff and students who are risk for vaccine-preventable potential infectious diseases while working with or near animal or human blood/body fluids or other human pathogens at research or clinical laboratory or animal care facility sites. The risk assessment(s) attached to this form indicated that I do have a potential risk for the following disease(s) due to possible exposure to these hazards because of my work or study at the University. I agree to receive the required immunization or if I refuse immunization, I will consent to counseling regarding my risk factors.

Type of Exposure Risk	**Yes / No**	**Date of Vaccination/or Date of Counseling**
Influenza		
Mumps		
Rabies		1st
		2nd
		3rd
Rubella		1st
		2nd
Or Rubella Date Antibodies tested positive		
Tetanus – (booster every 10 years)		
Tuberculosis		
Varicella/Herpes Zoster (Chicken Pox/Shingles)		1st
		2nd
Hepatitis		1st
		2nd
		3rd
Hepatitis Antibodies test date results		
Polo		

Name of Doctor_____
Address _____
Phone Number _____

Signature of Physician_____

Name of Counselor _____
*Document to be given to Department Manager

Form updated August, 2006
Environmental Health and Safety Office

APPROVED IMMUNIZATION GUIDELINES –

Immunization information provided above can be found in the following reference documents.

- Canadian Immunization Guide 2002 – Health Canada
- The National Advisor Committee on Immunization (NACI) Guide, Canada. 1999
- Occupational Health Guidelines for Health Care Facilities, Division of Nosocomial and Occupational Infections, Health Canada.
- Immunization for Health Care Workers, Communicable Disease Control, Manitoba Health.

1. Tetanus and Diphtheria

If primary series was completed, usually done in infancy or childhood, an additional dose (called a "booster" dose) is needed every 10 years. The immunization for these two diseases is usually given as on injection given into the deltoid in a vaccine that combines both tetanus and diphtheria (Td).

2. Polio

A primary series is needed. Exact immunization dates are not necessary. Booster doses of polio vaccine are no longer recommended for the general public. Injections are given subcutaneously but if given as a combination vaccine must be given intramuscularly because of the absorbed tetanus and diphtheria toxoids.

3. Measles and Mumps

Immunity against measles or mumps may be 1. Documented immunization**; 2. Lab-confirmed immunity (titre); or; 3 history of previous disease documented by a doctor. Individuals born before 1970 are considered to be immune.

**Important: Immunity against measles (rubeola) requires two doses of measles vaccine, usually supplied as MMR II vaccine given 4 weeks apart. Immunity against mumps requires one dose of mumps vaccine usually supplied as MMR II vaccine. Route of Administration is subcutaneous.

4. Rubella

Documented immunization with rubella vaccine, usually supplied as MMR II vaccine, or lab-confirmed immunity (titre) is required. Route of administration is subcutaneous.

5. Chickenpox

Lab-confirmed immunity (varicella-zoster virus serum antibody detected) or history of previous disease documented by a doctor is required. Immunization with two doses of "varicella-zoster virus" vaccine is acceptable. Immunization is a subcutaneous injection given 4 weeks apart. If second dosage is delayed, there is no need to restart series.

6. Hepatitis B

A Hepatitis B vaccine series immunization is done in 3 doses of vaccine given at 0 month, 1 month and at 6 months. Intramuscular injection is given into the deltoid. Documentation of immunity (anti-HBs) is required in one month after the series is completed but not later than 6 months after series is completed. If testing shows immunization has not been accomplished, then re-immunization should be started with testing for anti-HB to be done after each dose of the second series. It may not be necessary to complete the complete 2nd series if the protective level is achieved. If immunity is not achieved after the 2nd series is completed, it will be necessary to provide passive immunity after a potential exposure to Hepatitis B.

7. Tuberculosis

A history of immunization with BCG vaccine and/or evidence of a BCG scar are acceptable. A two-step mantoux tests (also called a tuberculin screening test" or "TST") should be done and the results recorded in millimeters of induration. A chest x-ray is done if TST is 10 mm or greater; for those individuals, no further TST's will be necessary.

The TST's cannot be given if any live/attenuated vaccine was received by the individual within the previous 6 weeks. Results of the TST will be unreliable in this case.

The BCG does not provide permanent or absolute protection against TB. If there are any concerns about a suggestive history or signs or symptoms of TB, medical follow-up is required.

8. Rabies

Pre-exposure immunization consists of 3 doses of HDCV given on days 0, 7 and 21. The vaccine given is 1.0 mL dose intramuscularly into deltoid muscle or thigh.