

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 their current healthcare program of study in the Rady Faculty of Health Sciences, University of Manitoba. This includes immunizations and/or testing related to diphtheria, hepatitis 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) I have reviewed the [RFHS Immunization policy](#)
- (3) 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.
- (4) 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 faculty while I am enrolled as a student.
- (5) I understand that my immune status personal health information will only be used by those directly involved with the Rady Faculty of Health Sciences Immunization Program and my current program of study, 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 Director of Immunization, Immunization Program. I understand that only the minimal amount of information required to deliver the program will be used.
- (6) I consent that if required, the Immunization Program 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.
- (7) I give permission for all or part of my immune status record to be used by or disclosed to the occupational health departments of the facilities in which I will study as a student, at the discretion of the Director of Immunization, Immunization Program, so long as I remain a student within the faculty.
- (8) 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 Immunization Program, so long as I remain a student within my current program of study.
- (9) 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 Immunization Program maintains a copy of my records.
- (10) 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 Immunization Program will destroy my immune status record in a secure and confidential manner, consistent with accepted methods of disposal of health records.

Student Signature

Student Name:

Date:

Program:

(PLEASE PRINT NEATLY)

Last name:		First Name:	
Program of Study (College of Nursing):		Admit Year:	Student Number:
Were you enrolled in any program listed above in any previous year? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list program and year:		Are you an International Student (i.e. Student Visa): <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date of birth:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Mailing address:		City/town:	Postal code:
6-digit MHSC number (Manitoba):		9-digit PHIN number (Manitoba):	
Out-of-province health number (list province as well):		Telephone:	Cell:
<p>Email:</p> <p>Please provide your University of Manitoba email address (non-university accounts cannot be used)</p> <p>Personal health information will be communicated to you individually through this email address. (e.g., outstanding vaccination issues or advice; email will not be given out).</p> <p style="text-align: right;">_____ @ myumanitoba.ca</p>			
Person to call in case of an emergency:		Relationship:	Telephone:
<p>All students:</p> <ol style="list-style-type: none"> 1. Read the Student Manual (http://umanitoba.ca/immunizationprogram) 2. Answer the following questions about your health and immune status requirements 3. Review the RFHS immunization policy (Learner Immune Status Requirements) 4. Submit this 4-page package. 5. Complete three UM Learn modules. *For more info see #8 below 6. Submit all immunization documents for review; e.g., immunization records from previous providers or clinics. In particular, students who received immunizations in provinces outside of Manitoba and countries outside of Canada are asked to obtain these records for submission. You do not need to obtain a copy of your Manitoba provincial immunization registry record. <p>This information will be used to ensure students meet the requirements to participate in their chosen program of study. This information is kept confidential and is available to the minimal number of staff who require this information.</p> <p>Please let us know if the answers to any of the questions below change during your time as a student, or if you have any questions.</p>			

General Health Questions:

1. Do you have any allergies? Yes No If yes, please list; include symptoms or signs that occur, and their severity:

All individuals with a medical condition that may result in a loss of consciousness or reduced ability to communicate should consider obtaining a medical bracelet or necklace; students with a severe allergy should discuss with their healthcare provider obtaining and carrying an epinephrine auto-injecting device.

2. Do you have any medical condition(s) that significantly compromise(s) your immune system? (e.g., treatment for Crohn's disease; dialysis; human immunodeficiency virus (HIV) infection; etc.) Yes No If yes, please describe in detail:

3. **Please note:** students in all programs must disclose to the Immunization Program if they are known to have chronic **hepatitis B infection** or **human immunodeficiency virus (HIV) infection**, as this directly affects assessment of the student's immune status.

In addition to the above, students in Dentistry, Dental Hygiene, Medicine, and Physician Assistant Studies known to have **hepatitis B infection**, **human immunodeficiency virus (HIV)** or **hepatitis C** infection are expected to disclose their status to their respective programs (contacts are as follows: College of Dentistry: Associate Dean, Clinical; Max Rady College of Medicine including Physician Assistant Studies: Associate Dean, Student Affairs).

Students in all programs have access to optional, free testing for HIV, hepatitis C, and syphilis at any time throughout their studies.

I have read and understand when to disclose known chronic infection with bloodborne pathogens.

Immune Status Requirements:

4. **Please submit all previous immunization records for review.**

- If you were born in Manitoba please obtain records from a doctor's office or clinic and submit them to the Immunization Program. You may also need to search for childhood records that were not entered into the provincial registry.
- If you were born in another province or country and or immunized outside of Manitoba, please obtain these records and submit them to the Immunization Program.
We are unable to look up records of students born in another province or country.
- If you are not able to obtain your immunization records, please explain (use space below):

5. Have you ever been diagnosed with any of the following: (See **pages 20-21** of the Student Manual)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not certain	Active tuberculosis disease
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not certain	Latent tuberculosis infection (LTBI)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not certain	A positive tuberculin skin test (TST or Mantoux)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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)

Immune Status Requirements

6. Have you ever had a Bacille Calmette-Guérin (BCG) vaccination for tuberculosis? (See **page 22** of the Student Manual)

- Yes, I did at (age or date):
- No I did not
- I am not certain

7. Most students will require one or more tuberculin skin tests (TST or Mantoux test), which can be obtained from a primary care provider, some walk-in clinics, pharmacies, University Health Services or by booking an appointment with an immunization Program Clinician. (see **pages 20-21** 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**)
- No
- I am not certain

8. *Please complete the Immunization modules by logging in to your UMLearn account:

I agree to complete the Immunization Program Orientation Modules on UM Learn

Once you are registered with your program and receive your U of M email, you will be registered within the course in UM Learn and your program will send out notifications advising you are able to complete the course.

Fall admissions: deadline September 30th / Winter admissions: deadline Jan 31st / Spring admissions: deadline May 31st

Note: Once submitted to the Immunization Program, all documents will be reviewed by an Immunization Program clinician. Students will receive a letter outlining any outstanding requirements. Immunizations/tests can be obtained by a primary care provider, walk-in clinic, pharmacy, University Health Services or by booking an appointment with an Immunization Program clinician. Submit any documentation of immunizations/copies of test results to the Immunization Program. Ensure immunization documentation includes vaccine name, date administered, name and designation of immunizer.

Please note that parents, partners, and close family members **must not** provide students immunizations or testing (including an annual influenza vaccine) and must not complete any forms.

Submit this completed package (drop off, mail, fax, or **email**) to:

College of Nursing
Helen Glass Centre for Nursing
89 Curry Place
University of Manitoba (Fort Garry Campus)
Winnipeg MB, R3T 2N2
Tel: 204-474-6655
Fax: 204-474-7523
Nursing.Immunizations@umanitoba.ca

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 your program of study. 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 Immunization Program (tel. 204-480-1305); 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.