



School of Health Sciences

Student Immunization Record

Broadway campus
1155 East Broadway, Vancouver, B.C. V5T 4V5

vcc.ca/health

Welcome to the School of Health Sciences at Vancouver Community College (VCC).

As a future health care professional, you need protection against vaccine preventable diseases. Up-to-date immunizations greatly reduces your risk of diseases.

As part of your Health Sciences program, you are required to have the VCC Student Immunization Record completed by a physician or other health professional before beginning your program. Proof of your immunization status is a provincial requirement for placement into health care areas (clinical and preceptorship) in BC. *Clinical areas may refuse individual students for placement if a student is unable to provide proof of immunizations or satisfactory serum titers and a TB screening. Tuberculosis screening and COVID-19 vaccination is a mandatory requirement for health care workers in British Columbia.*

Below is the list of the specific requirements on the VCC Student Immunization Record for vaccine preventable diseases:

- Diphtheria/Tetanus
- Pertussis
- Poliomyelitis
- Measles, Mumps, Rubella (MMR)
- Varicella (Chicken Pox)
- Hepatitis B

Completed VCC Student Immunization Records are to be submitted directly to program departments.

Other important requirements that you must submit in addition to the VCC Student Immunization Record:

- COVID-19 vaccination. You are required to show documentation to your program department.
- Tuberculosis (TB) skin test. You are required to submit proof of negative TB test to the VCC Registration Office upon acceptance to the program.
- Influenza annual vaccination. You will be asked for annual documentation during your program.

COVID-19 immunizations- contact the BC Get Vaccinated system

<https://www2.gov.bc.ca/gov/content/covid-19/vaccine/register>

TB skin testing (TST) – contact your local health unit to find out where you can get a TST in your area.

<https://immunizebc.ca/finder#9/49.2557/-123.2413>

Completed TB tests should be submitted to VCC's Registrar's Office as soon as possible.

Annual flu vaccinations can be obtained through doctor's offices, clinics, and/or pharmacies.

<https://www.healthlinkbc.ca/healthlinkbc-files/live-attenuated-influenza-flu-vaccine>



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Instructions: Please have a physician or other health professional complete this form.
The completed and signed form must be submitted by the student to their VCC program department.

Student information

.....
Last name (family name)

.....
First name

Immunization Requirements

The following are Immunization requirements for Practice Education (Clinical and Preceptorship):

		Immune	Not Immune	Unknown	Comments
1.	Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		Immune	Not Immune	Titre Pending	Comments
5.	Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Declaration

Name of Health Professional completing the document:

.....
Signature

.....
Date

Address or stamp of Health Professional:

Student Acknowledgement: Any supplemental information provided by me are true to the best of my knowledge.

.....
Signature

.....
Date

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Practice Education Guidelines for all Post Secondaries in BC regarding immunizations

Vaccine type	Expectation
Tetanus and Diphtheria	Every 10 years
Pertussis	Proof of vaccine (if not been previously immunized or immunization history is unknown), or proof of 1 dose booster (if immunized as a child)
Polio	Proof of primary series of vaccines as a child. Those at risk of exposure to human feces: booster 10 years after completion of primary series.
Measles	Proof of 2 doses of vaccine or laboratory-evidence of immunity or laboratory-confirmed proof of measles in the past. All who do not have proof of vaccine, laboratory-evidence of immunity, or confirmed proof of measles in the past need proof of up to 2 doses of vaccine given
Mumps	Proof of acute case of mumps diagnosed by a physician with lab confirmation of acute disease, or if born: -between 1957 and 1969 (inclusive): 1 dose of live mumps-containing immunization, or - on or after January 1, 1970: 2 doses of live mumps-containing immunization given at least 4 weeks apart on or after the first birthday All who do not have proof of vaccine, laboratory-evidence of immunity, or confirmed proof or mumps in the past need proof of up to 2 doses of vaccine given
Rubella	Proof of 1 dose of vaccine or laboratory-confirmed proof of rubella in the past. All who do not have proof of vaccine, laboratory-evidence of immunity, or confirmed proof in the past need proof of up to 2 doses of vaccine given
Varicella (Chickenpox)	Proof of immunity by completion of age-appropriate vaccine series, or laboratory confirmed varicella or herpes zoster after 12 months of age, or self-reported history of varicella or doctor diagnosed varicella if occurred before 2004. All who do not have proof of vaccine, laboratory-confirmed varicella, or herpes zoster after 12 months of age, or self-reported history of varicella or doctor diagnosed varicella occurring before 2004 need proof of 2 doses of vaccine given
Hepatitis B	Those who could be exposed to blood or body fluids, or are at increased risk of sharps injury, bites or penetrating injuries Pre-vaccine screening and post-vaccine testing according to the BCCDC24