

MScBMC Program – Immunization Record – 2022

Instructions: Please submit by August 15, 2022 to Maeve Doyle by mail, by email, or in-person.

Students in the MScBMC program must provide evidence of current immunization and TB status before the MSC1000Y Human Anatomy course (Fall semester). Those who are not immunized may be excluded from hospital and clinical spaces. Please ensure that this form is dated, signed and stamped by your healthcare provider. If you do not have a healthcare provider, you may choose to use the University of Toronto Health Service:

<http://www.studentlife.utoronto.ca/hwc/services-offered>

Or call ahead to make an appointment at:

214 College Street, Second Floor Toronto, ON M5T 2Z9, 416-978-8030

Please return to: Maeve Doyle
 Graduate Program Administrator
 Biomedical Communications
 University of Toronto Mississauga
 HSC 308, 3359 Mississauga Road North
 Mississauga, Ontario L5L 1C6

Student:

First Name:	
Last Name:	
Student #:	

Evidence of Immunity	Health Care Provider
<p>Measles, Mumps & Rubella</p> <p><input type="checkbox"/> Documentation of 2 live MMR vaccines received Date #1: _____ Date #2: _____</p> <p>OR</p> <p>Laboratory evidence of positive titre levels:</p> <p><input type="checkbox"/> Measles Result: _____ Date: _____</p> <p><input type="checkbox"/> Mumps Result: _____ Date: _____</p> <p><input type="checkbox"/> Rubella Result: _____ Date: _____</p>	<p>Printed Name: _____ Stamp: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
<p>Varicella (Chickenpox) Screening</p> <p><input type="checkbox"/> Proof of receipt of 2 doses of Varicella vaccination</p> <p>OR</p> <p><input type="checkbox"/> Laboratory report indicating immunity to Varicella</p> <p>OR</p> <p><input type="checkbox"/> Diagnosis or verification of a history of typical Varicella by a health care provider</p> <p>OR</p> <p><input type="checkbox"/> Diagnosis or verification of Shingles by a health care provider</p>	<p>Printed Name: _____ Stamp: _____</p> <p>Signature: _____</p> <p>Date: _____</p>

Evidence of Immunity	Health Care Provider
<p>Hepatitis B</p> <p>2 completed immunizations:</p> <p>Date #1:</p> <p>Date #2:</p> <p>Laboratory evidence of positive titre levels:</p> <p>Result: Date:</p>	<p>Printed Name: Stamp:</p> <p>.....</p> <p>Signature:</p> <p>.....</p> <p>Date:</p> <p>.....</p>
<p>Tetanus & Diphtheria or Tetanus Diphtheria & Pertussis</p> <p>Td date of immunization:</p> <p>Tdap date of immunization:</p> <p>Tetanus vaccine is required to be updated every 10 years</p>	<p>Printed Name: Stamp:</p> <p>.....</p> <p>Signature:</p> <p>.....</p> <p>Date:</p> <p>.....</p>

Tuberculosis Screening

Test	Skin Testing History	TB Testing Results	Health Care Provider
<p>Mantoux skin test</p>	<p>BCG</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Last TB skin test (5 TUPPD 0.1 cc ID)</p> <p>Date:</p> <p>Results:</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Positive (chest x-ray required)</p>	<p>Step 1 (if last 2-step TB test was done within 5 years)</p> <p>Date: Result:</p> <p>Step 2 (only required if no 2-step TB test done within last 5 years)</p> <p>Date: Result:</p>	<p>Printed Name:</p> <p>.....</p> <p>Signature:</p> <p>.....</p> <p>Date:</p> <p>.....</p> <p>Stamp:</p>
<p>Chest X-ray</p>	<p>Required if skin test positive</p> <p>Unless medically contra-indicated.</p> <p>Reason:</p>	<p>CXR results:</p> <p>Date:</p>	

COVID-19 Vaccinations

At the time of writing (mid-May, 2022), the University of Toronto has paused the requirement to be fully vaccinated <https://www.vicereprovoststudents.utoronto.ca/covid-19/#vaccines>. However, this requirement may be reinstated with little notice should public health conditions or guidance change, and if reinstated and not met, lack of immunization could potentially result in de-enrolment. Also, please note that those who are not immunized against COVID-19 may be excluded from hospital and clinical spaces. Therefore, staying up-to-date with COVID-19 vaccinations is strongly encouraged. Be prepared to provide proof that you are fully vaccinated against the COVID-19 virus.

Seasonal Influenza Vaccine (optional): Yes No Date: