



Human and Family Services Student Immunization Record

Broadway campus
1155 East Broadway,
Vancouver, B.C. V5T 4V5
vcc.ca/human-and-family-services

Welcome to the School of Arts & Sciences at Vancouver Community College.

As a future Early Childhood Educator, protection against vaccine-preventable diseases is part of your professional responsibility. Up-to-date immunizations greatly reduce your risk of diseases.

Before you begin your program, you must submit a mandatory immunization record form. All immunization statuses will be recorded by the school. Early Childhood Care & Education students are encouraged to maintain current immunizations as per the [Child Care Licensing Regulations](#) and [BC CDC Guidelines for Child Care Worker](#). Failure to comply with these guidelines may result in the health care organization or the college preventing the individual from attending clinical until proof of immunity is provided or until a communicable disease outbreak is declared over. This could impact a student's ability to successfully complete practicum placement & field study sites.

By signing below, I have read the BC CDC recommendations for vaccines for childcare worker and understand that the BCCDC recommends that I, as a student healthcare worker, be fully immunized against or demonstrate immunity to the communicable diseases listed in the recommendations. In the event of an outbreak or if I am unable to provide evidence of immunization or immunity, I may be prevented from participating or continuing to participate in the practicum placement, which could impact my ability to complete the practicum placement course and/or field study site, and ultimately to complete the program.

Student information

.....
Last name (family name)

.....
First name

.....
Signature

.....
Date (MM/DD/YYYY)

Instructions to obtain your immunization records:

- 1.) **Option 1:** Locate your childhood and adult immunization records using the Immunize BC website: <https://immunizebc.ca/>
Option 2: If you completed your childhood and adult immunizations outside of BC, contact your family physician, the Public Health Unit of your childhood home, or a travel clinic you have visited for the records.
- 2.) Book an appointment through [Immunize BC](#) to have your immunization records reviewed by a doctor, nurse or pharmacist. Bring your immunization records along with the student immunization form to be reviewed.
- 3.) Please ensure the doctor, nurse or pharmacist stamps the form after completing their review. Student immunization forms submitted without a stamp or signature will not be accepted.
- 4.) Submit the student immunization forms as instructed.



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Immunization and communicable disease review form

Dear Health Care Provider: Thank you for your assistance with the completion of this student’s admission process to Vancouver Community College (VCC) School of Arts & Sciences. A checklist of the required immunization and screening information requiring your signature and official stamp is provided below. This list reflects the requirements of agencies where students may engage in practice over the course of their studies at VCC.

If you cannot confirm immunity and/or absence of infection, please either:

- a.) Have the student complete the appropriate titers and/or be immunized before completing and signing this form; **OR**
- b.) Write “immunization or testing recommended” in the Comments section below and have the student attach test results

| | | Immunized | Not Immunized | Unknown | In Progress | Comments/Notes |
|----|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| 1. | DPT ⁽¹⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Pertussis, Polio | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | MMR (Measles, Mumps, Rubella) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Varicella (Chicken Pox) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | Hepatitis A series | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | Hepatitis B series | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | TB Skin Test ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. | COVID ⁽³⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. | Influenza ⁽⁴⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

1. Vaccination or infection
 2. Chest x-ray to confirm absence of TB required if skin test is positive. Must be completed according to individual program requirements
 3. Vaccinated means approved doses
 4. Influenza is seasonal and can be provided later

Declaration

I confirm that
 (student name)
 has met the above infectious and communicable disease requirements and/or have indicated where testing/ immunization is recommended.

| BC Health Care Provider Information | Stamp or Address of Health Care Provider |
|-------------------------------------|--|
| Name: | |
| Signature: | |
| Date (MM/DD/YYYY): | |



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 of 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 |