



# School of Health Sciences Student Immunization Record

Downtown campus  
250 West Pender St.,  
Vancouver, B.C. V6B 1S9  
[vcc.ca/health](http://vcc.ca/health)

## For Certified Dental Assisting and Dental Reception programs

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

As a future health care professional, 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. Health care students are encouraged to maintain current immunizations as per the [Practice Education Guidelines of BC](#) and [BCCDC Guidelines for Health Care Worker Immunization Program](#).

By signing below, I have read the BCCDC recommendations for vaccines for Health Care workers 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 clinical placement, which could impact my ability to complete the clinical placement course and/or clinical/community rotation, and ultimately to complete the program.

### Student information

.....  
Last name (family name)

.....  
First name

.....  
Signature

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

### Immunization and communicable disease review form

Please complete the following by checking the appropriate box and submit the student immunization record as instructed.

		Immunized	Not Immunized	Unknown	In Progress	Comments/Notes
1.	DPT <sup>(1)</sup>	<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 B Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	TB Skin Test <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	COVID <sup>(3)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Influenza <sup>(4)</sup>	<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



# School of Health Sciences Student Immunization Record

Broadway campus  
1155 East Broadway,  
Vancouver, B.C. V5T 4V5  
[vcc.ca/health](http://vcc.ca/health)

## For Certified Dental Assisting and Dental Reception programs

### 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

### Instructions to obtain your immunization records should you want to request them:

**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.