



### MCTC Resident Care Worker Program Immunization Verification Form

(This form must be completed prior to completion of program, with required immunization completed prior to commencement of first clinical placement)

Name: \_\_\_\_\_ Program Start Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

**This form is to be completed by appropriate public health official (Public Health/Family Physician)**

	<b>Meets Requirements*</b>
1. Measles/Mumps/Rubella (MMR) – two doses of vaccine required by all individuals born after 1970.	Yes <input type="checkbox"/>
2. Varicella vaccine – two doses required if not immune (by titre) or with no history of chickenpox disease.	Yes <input type="checkbox"/>
3. Tetanus-diphtheria vaccine every 10 years.	Yes <input type="checkbox"/>
4. Pertussis (whooping cough) vaccine – booster to be received in adulthood	Yes <input type="checkbox"/>
5. TB screening (two-step)	Yes <input type="checkbox"/>
6. Hepatitis B vaccine series (3 doses) 1 <sup>st</sup> dose: _____ 2 <sup>nd</sup> dose _____ 3 <sup>rd</sup> dose _____ (Blood test is required after third dose to ensure immunity.)	Yes <input type="checkbox"/>
7. It is recommended that healthcare workers be immunized for influenza yearly **	

\* The above requirements have been recommended as per the “Canadian Immunization Guide” .

\*\* Students will be required to provide proof of influenza vaccine where administered.

#### Public Health Official Completing the Report:

Name (please print): \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_