

Nursing Instructor Immunization Worksheet

Last Name:	First Name:	UCID:
Maiden Name or AKA:	Email:	Date of Birth:
Personal Health Care #:	Phone:	

Instructions:

1. Gather your immunization records and complete the attached Instructor Immunization Worksheet.
2. To track down your immunization records try contacting the following people/organizations:
 - a. If immunized in Alberta, you can access your immunization records through: <https://myhealth.alberta.ca/myhealthrecords>
 - b. From Calgary, contact Central Records at 403-214-3641. From Edmonton, contact 780-413-7985.
 - c. Outside of Calgary/Edmonton, contact your local health unit or the healthcare professional that immunized you.
 - d. OH&S at agencies you have worked at.
 - e. Parents.
3. Once you have completed the worksheet send the worksheet and copies of all immunization documents to the Occupational Health Nurse at U of C Staff Wellness. If you are on campus, you can send them through interoffice mail attention: Occupational Health Nurse, MS 279. If you are not on campus, you can fax them to 403 282 8603. Your documentation will be reviewed and if you need any updated immunizations or tests you will be contacted.
4. Immunization updates, including requisitions for blood testing or other diagnostic testing, if required, can be provided at no charge through the Staff Wellness Department or through your own provider.
5. If you have questions, please feel free to contact the Occupational Health Nurse at ohn@ucalgary.ca

******Remember to send photocopies of ALL IMMUNIZATION RECORDS AND TEST RESULTS with this worksheet******

Health Care Worker

(Including work in or around patient care areas or AHS facilities)

Immunization	Schedule	History			
Tetanus/ Diphtheria/ Pertussis	<ul style="list-style-type: none"> Tetanus/Diphtheria (Td) primary series: ≥ 3 doses. The interval between doses being 0, 1, and 6 months Tetanus/Diphtheria/Pertussis (dTdap) booster dose every 10 years One dose of Pertussis vaccine (comes as combination with tetanus and diphtheria) administered on or after age 18 	Primary series completed:	Yes No		
			Date (yyyy/mmm/dd)		
		Last dose of dTap:			
Polio	<ul style="list-style-type: none"> Healthcare workers (HCWs) at increased risk* of polio exposure: Must have completed primary series (≥ 3 doses) of polio as a child including a dose after age 4 Must receive an adult reinforcing dose. *Increased risk Healthcare workers who may be exposed to patients excreting the wild or vaccine strains of poliovirus (contact with stool, fecal matter or pharyngeal secretions). 	Increased risk of polio exposure?	Yes No		
		Primary series completed	Yes No		
		Polio	Dose	Date (yyyy/mmm/dd)	
			1		
			2		
			3		
Adult Dose:					
Measles/ Mumps/ Rubella (MMR)	<ul style="list-style-type: none"> Must have DOCUMENTATION showing two doses of measles and mumps containing vaccine. Please note a blood titre for mumps is NOT CONSIDERED VALID and will not be considered as proof. Thus, if you have no documentation for mumps you will need to be revaccinated. It is acceptable if the measles, mumps, and rubella antigens have been given separately. Vaccination for MMR needs to be given after 1st birthday to be considered valid. 	MMR	Dose	Date (yyyy/mmm/dd)	
			1		
			2		
Varicella (Chickenpox)	<ul style="list-style-type: none"> History of chickenpox disease is no longer recognized as a valid way of determining immunity Must have DOCUMENTATION showing two doses of varicella vaccine containing vaccine Vaccination for varicella needs to be given after 1st birthday to be considered valid. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Positive blood titre for varicella; indicating immunity 	Blood test result:		Immune Not Immune	
		Varicella	Dose	Date (yyyy/mmm/dd)	
			1		
	2				
Hepatitis B	<ul style="list-style-type: none"> Hepatitis B series: ≥ 3 doses. The interval between doses being: <ol style="list-style-type: none"> 0 1 month after dose 1 6 months after dose 1 	Hep B	Dose	Date (yyyy/mm/dd)	
			1		
			2		
			3		

Hepatitis B Blood Testing	<ul style="list-style-type: none"> • Anti-HBs blood test must be completed at least 4 weeks after 3rd dose of Hep B (Still acceptable if years later). Results will be sent back to the Dr/RN who ordered the blood test. • If anti-HBs titre is negative, you will need to have a booster of Hep B vaccine followed, a minimum of 4 weeks later, by another anti-HBs titre. • If you are at higher risk of having a past Hep B infection, you will need to have additional blood tests done. These additional tests include: HBsAg and Anti-HBc. • You are considered to be higher risk if you have: lived in an endemic country, have had repeated blood transfusion or blood products, have been on dialysis, or have lifestyle risks. • If HBsAg is positive, please discuss this result with your physician and have them forward this information to Communicable Disease in Calgary (403-955-6750). 		Date (yyyy/mmm/dd)	
		Anti-HBs result:	Immune Not Immune	
		If required:		
		HBsAg result:	Positive Negative	
		Anti-HBc result:	Positive Negative	
Tuberculosis (TB) Testing (Mantoux)	<ul style="list-style-type: none"> • A BCG is a vaccination for tuberculosis (Not everyone would have had this done. It is not required). • A mantoux test is a test for tuberculosis. You should have had a mantoux test done at time of hire as an RN. • If you have had an exposure to TB or work in a high risk area, you need to have a current mantoux test done (within the last year). • If you have proof of a previously positive mantoux test, do not have another mantoux test - have a chest x-ray done. • If you have received a live vaccine such as MMR or varicella you must wait one month before your mantoux test. • If you have a positive reaction to your mantoux test then a chest x-ray and/or further testing must be done. 		Date (yyyy/mmm/dd)	
		Mantoux read result:	mm	
		Have you worked in high risk area or been exposed to TB since the above Mantoux test?	Yes No	
		If required:		
		Chest X-Ray result:	Positive Negative	
Seasonal Influenza	<ul style="list-style-type: none"> • Seasonal influenza vaccine is strongly recommended every year and may be required for some placement settings 	Each fall you will be required to submit proof of your new seasonal influenza vaccine OR If you choose not to receive it please notify in writing your choice not to have it and submit to the Staff Wellness Office		
COVID-19	<ul style="list-style-type: none"> • A completed primary series (≥ 2 doses or as specified by manufacturer) of covid-19 and current booster is strongly recommended and may be required for some placement settings. 	Primary series completed:	Yes No	
		Covid-19	Dose	Date (yyyy/mmm/dd)
			1	
		2		
Latest booster dose				