



Communicable Disease Surveillance (CDS) Form

Confederation College Health Center
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The college has Immunization/testing requirements for all students doing clinical/community placement practice in designated agencies. Students applying for entry into the programs listed below require current immunizations verification. **Completed forms must be dropped off prior to the start of your program to Confederation College Health Centre or to your Regional Campus/Distance Ed department.**

Section A: Personal Information

First Name:		Last Name:
Date of Birth: (DD-MM-YYYY)		Email:
Address:		City:
Province:	Postal Code:	Telephone/Cell:

Section B: Programs & Requirements (Circle the appropriate box for the program you are registered in).

HEALTH SCIENCES		Below are the requirements for each program
Dental Assisting	Dental Hygiene	Serology (bloodwork) 2 Step TB Skin Test Hepatitis B Varicella Measles, Mumps, Rubella Tetanus
Medical Laboratory Assistant	Medical Radiation Technology	
Paramedic	Personal Support Worker	
Practical Nursing		

COMMUNITY SERVICES		Below are the requirements for each program
Autism & Behavioural Science	Child & Youth Care	Serology (bloodwork) 2 Step TB Skin Test Varicella Measles, Mumps, Rubella Tetanus
Developmental Services Worker	Child & Youth Care- Acc	
Developmental Services Worker -Acc	Early Childhood Education	
Educational Support	Native & Family Services	
Recreation Therapy	Native & Family Services-Acc	
Recreation Therapy-Acc	Social Service Worker	
	Social Service Worker Acc	

Failure to provide current immunization documentation and proof of recent tuberculin skin testing as outlined for your program can affect your eligibility to attend the clinical or community placement components of your program. Confederation College maintains compliance with all privacy requirements, including the Freedom of Information and Protection of Privacy Act (FIPPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the Personal Health Information Privacy Act (PHIPA). The Privacy Commissioner of Ontario can be reached at 1800-387-0037.

Authorization for disclosure: *The information on this form will be kept confidential within the Health Centre. However, I authorize the release of information concerning my status in regards to completion of current immunization and tuberculin skin testing to my faculty advisor and coordinator, and/or Regional Director*

Student Full Name(print):	Student Signature(mandatory):
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Section C: IMMUNIZATIONS

C.1 Tuberculosis (Student must receive an initial 2-Step TB Skin test, and then an annual 1-Step. (To be read within 48 hrs).

	TB Skin Test	Date read	Induration (mm)	HealthCare Provider's Signature
STEP #1				
STEP #2				
Annual				
Annual				
Chest X-Ray	Date		Results	

C.2 Hepatitis B (If non-immune, a booster may be required).

Immunization	Date of serology	RESULTS		
Hepatitis B Titre		Immune	Non-Immune	

Immunization	DATE GIVEN
Hepatitis B Dose #1	
Hepatitis B Dose #2	
Hepatitis B Dose #3	
Hepatitis Booster	

C.3 Measles, Mumps, Rubella (Booster dose to be administered if inadequate).

Immunization	Date of serology	RESULTS		
Measles Titre		Immune	Non-Immune	Indeterminate
Mumps Titre		Immune	Non-Immune	Indeterminate
Rubella Titre		Immune	Non-Immune	Indeterminate

Immunization	DATE GIVEN
MMR Dose #1	
MMR Dose #2	
MMR Booster (if needed) Date	

C.4 Varicella (2nd dose must be administered at least 4 weeks after 1st dose, if inadequate immunity).

Immunization	Date of serology	RESULTS		
Varicella Titre		Immune	Non-Immune	Indeterminate

Immunization	DATE GIVEN
Varicella Dose #1	
Varicella Dose #2	

C.5 Tetanus, Diphtheria (Due ever 10 years).

Immunization	DATE GIVEN
Tetanus, Diphtheria, Pertussis (Tdap)	

C.6 Influenza Vaccine (This vaccine is available between October and May).

Vaccinations	DATES GIVEN		
Influenza Vaccine			