

## IMMUNIZATION REQUIREMENTS

The clinical agency requires proof of the following immunizations and **must** be completed & supporting documentation submitted **before** a student can begin a clinical placement. Please take note of the deadlines for submission of documentation to ensure documents are submitted on time. If the preclinical requirements have not been submitted, students will not be permitted to begin a clinical placement. **There will be no exceptions to this policy.**

You may obtain this information from your local Health & Community Services Department or your family doctor.

Vaccine	Student Responsibility
Tetanus, Diphtheria and Polio	Documentation of the primary series of Three (3) doses of tetanus toxoid-reduced diphtheria toxoid and inactivated polio vaccine is required. A booster of tetanus toxoid - reduced diphtheria toxoid (Td) should be completed every 10 years with one dose replaced with Tdap as an adult. Serology is not accepted (see pertussis recommendation)
Pertussis	Documented evidence of one dose of Tdap within the previous 10 years.
Measles, Mumps, Rubella (MMR)	All students must have evidence of 2 doses of the MMR containing vaccine given at least 4 weeks apart, with the first dose received on or after the first birthday. This is a requirement.
Varicella	You are required . <ol style="list-style-type: none"><li>1) Documented evidence of immunization with two (2) doses of varicella containing vaccine administered at least four (4) weeks apart</li></ol> <p style="text-align: center;"><b>OR</b></p> <ol style="list-style-type: none"><li>2) Laboratory evidence of immunity. You can have blood work for a varicella titre. If your results indicate that you do not have protective immunity, you are required to obtain 2 doses of the varicella vaccine given 4 weeks apart.</li></ol> <p style="text-align: center;"><b>OR</b></p> <ol style="list-style-type: none"><li>3) Laboratory evidence of immunity.</li></ol>
TB Skin Test (A 2-step [5-tu] Mantoux)	Documented baseline 2 step Tuberculin Skin Test (TST). The second step should be between 1-4 weeks after the first test. One TST no longer than 12 months prior to the date of admission to the program.  A Two-Step TST will involve four (4) trips to your health care provider. A single TST test requires two (2) trips to a health care provider. The first trip would be to be injected and the second trip would be to read the test 48-72

TB Skin Test  
(A 2-step [5-tu] Mantoux)

hours later to have this read. Please submit both the dates and result of you TB testing

1. If there was a **negative** two step TST greater than 12 months prior to the start of the program then a one-step TST is required
2. If there is documented prior **positive** TST test or ant prior treatment for active or latent TB, further investigation and medical clearance is required.

Note: Some students may have had a previous TB exposure or have received a TB vaccine and this will cause the TB test to be positive. To prove that it is not an active form of TB, the student will need to submit a recent chest X-ray and quantiferon blood work test results along with physician documentation **within 12 months of the clinical start date.**

Hepatitis B

Documented history of a primary series of Hepatitis B is required. In Newfoundland, people born after 1986 were vaccinated in school. Adults are required to be immunized.

**AND**

Check HBsAB or anti-HBs antibodies, 1 month after the 3rd dose, if value greater than 10 IU/L, immunity is confirmed.

If the value is less than 10 IU/L, the 3 dose series should be completed again,

Please, submit documentation stating the dates that each of the required three immunizations was received. If you have not received this series of immunizations, it is recommended that you start the process.

Influenza

All students should receive a yearly influenza vaccine prior to or during influenza season.

**Student Pre-Clinical Requirements Checklist**  
**(REMEMBER TO KEEP COPIES OF YOUR DOCUMENTS)**

Item	To Include:	Date Documents to be Submitted to the School of Nursing	Document Submitted to the School of Nursing (For Student Use only)  This checklist does not have to be submitted to the School of Nursing
Complete Immunization Record (including childhood immunizations)	-Primary series (3 doses) of tetanus/diphtheria and inactivated polio vaccine  -2 doses of MMR vaccine on or after the first birthday  2 doses of Varicella vaccine *  - Td or Tdap booster (if applicable) vaccine documentation  - 2 or 3 doses of the hepatitis B vaccine depending on age of immunizations	Submit a copy of your complete immunization record (including childhood immunizations) on or before <b>Monday, August 31, 2020.</b>	Yes ___  No ___  <i>Kept copy for self</i> ___
Titre/Serology Reports	-Anti-HBs titre (post hepatitis B immunization blood work)  -Varicella Zoster Titre ( * two doses of vaccine where titre is negative)	Submit a copy of your titre blood work reports on or before <b>Monday, August 31, 2020.</b>	Yes ___  No ___  <i>Kept copy for self</i> ___
Two-Step TB Skin Testing	TB skin testing documentation for Step 1 and Step 2 to include:  -Dates both tests were administered  -Dates both tests were read  -Results of both tests in mm induration  AND  -Signature of health care provider completing the test(s)  Note: If you previously had a 2-step TB skin test or a positive TB skin test refer to "Two-Step TB Skin Testing" on page 6 for information on the documents required to be submitted	Submit TB skin testing documents on or before <b>Monday, August 31, 2020.</b>	Yes ___  No ___  <i>Kept copy for self</i> ___
CPR-Level HCP		Submit a copy of the certificate on or before <b>Monday, October 19, 2020</b>	Yes ___  No ___  <i>Kept copy for self</i> ___

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Item	To Include:	Date documents to be Submitted to the School of Nursing	Document Submitted to the School of Nursing (For Student Use only)  This checklist does not have to be submitted to the School of Nursing
Standard First Aid		Submit a copy of the certificate on or before <b>Monday, October 19, 2020.</b>	Yes ___ No ___ <i>Kept copy for self</i> ___
Student Information Form	See welcome package for more information	Submit form on or before <b>Monday, August 31, 2020.</b>	Yes ___ No ___ <i>Kept copy for self</i> ___
Certificate of Conduct		Submit <b>original</b> document <b>Monday, August 31, 2020.</b>	Yes ___ No ___ <i>Kept copy for self</i> ___
Vulnerable Sector Check		Submit <b>original</b> document <b>Monday, August 31, 2020.</b>	Yes ___ No ___ <i>Kept copy for self</i> ___
HSPnet Consent Form	See welcome package for more information	Submit the consent form on or before <b>Monday, August 31, 2020.</b>	Yes ___ No ___

**Keep copies of all your documents submitted to the School of Nursing**

**All documents are to be submitted to:**

Laura Pike  
Centre for Nursing Studies  
100 Forest Road  
St. John's, NL Canada  
A1A 1E5  
Email: [laura.pike@mun.ca](mailto:laura.pike@mun.ca)  
Fax: 709-777-8176

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