Rehabilitation Sciences Sector
UNIVERSITY OF TORONTO

Temerty Medicine

REHABILITATION SCIENCES SECTOR
YEAR ONE STUDENT IMMUNIZATION FORM

Student Name: _____ Student ID #: _____

Indicate applicable department:

	Department	Method of Submission	Deadline	Clinical Education Administrative Coordinator
☐	Occupational Science & Occupational Therapy	Synergy (http://www.synergyhelps.com/)	September 5, 2025	rss.otclined@utoronto.ca
☐	Physical Therapy - MScPT	Submit to rss.ptclined@utoronto.ca	September 2, 2025	rss.ptclined@utoronto.ca
☐	Physical Therapy - OIEPB	Submit to iept@utoronto.ca	September 8, 2025	iept@utoronto.ca
☐	Speech-Language Pathology	Synergy (http://www.synergyhelps.com/)	October 1, 2025	rss.slpclined@utoronto.ca

PART 1: To be completed by the Health Care provider. Please refer to the Immunization Record Information page for further instructions.

PLEASE NOTE: Any fees associated with the completion of this form are the responsibility of the student. Students are **not** allowed to complete their own forms.

1. **HEPATITIS B:**

Section A: *Must complete ALL of Section A*

Date of 1st shot: _____ Date of 2nd shot: _____ Date of 3rd shot: _____
(dd/mm/yyyy) *(dd/mm/yyyy)* *(dd/mm/yyyy)*

Lab Evidence of Immunity against Hep. B (anti-HBs/HBsAB): ☐ Immune (+) ☐ Non-immune (–) Date: _____
(dd/mm/yyyy)

Section B: *If non-immune in Section A, please provide:*

HBsAg: ☐ Positive* ☐ Negative Date: _____
(dd/mm/yyyy)

If HBsAg positive: **HBeAg*:** ☐ Positive ☐ Negative Date: _____
* enclose lab reports *(dd/mm/yyyy)*

Section C: *"Second Series" - If identified as **non-immune** in Section A and **HBsAg negative** in Section B, a 2nd immunization series is required. If student submits Lab Evidence of Immunity at any time during the 2nd series they need not get further doses.*

Date of 1st shot: _____ Date of 2nd shot: _____ Date of 3rd shot: _____
(dd/mm/yyyy) *(dd/mm/yyyy)* *(dd/mm/yyyy)*

Lab Evidence of Immunity against Hep. B (anti-HBs/HBsAB): ☐ Immune (+) ☐ Non-immune (–) Date: _____
(*dd/mm/yyyy*)

2. MEASLES/MUMPS/RUBELLA and VARICELLA:

***MUST SHOW 2 DOSES OF MMR AND VARICELLA VACCINE OR POSITIVE BLOOD TEST TO EACH OF M/M/R/V**

MEASLES Immunization Date_____ 2nd Date _____ or Titre _____

MUMPS Immunization Date_____ 2nd Date _____ or Titre _____

RUBELLA Immunization Date_____ 2nd Date_____ or Titre _____

VARICELLA* Immunization Date_____ 2nd Date_____ or Titre _____

**History of Varicella is not sufficient.*
Administration of a LIVE virus vaccine MAY interfere with TB skin testing, unless administered on the SAME day, or 4-6 weeks apart.

3. POLIO (primary vaccination required) Date: _____
(dd/mm/yyyy)

4. DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS (within last 10 years): Date: _____
(dd/mm/yyyy)

A single dose of Tetanus/Diphtheria/Acellular Pertussis (Tdap) should be given to all students who have not previously received an adolescent or adult dose of Tdap. ***It is not necessary to wait for the next diphtheria/tetanus booster to be due.***

5. INFLUENZA - Annual Vaccination is strongly recommended and optional. Date: _____
(dd/mm/yyyy)

6. COVID VACCINE – Vaccination is strongly recommended and optional. Note that students who opt to share COVID vaccination information must also provide their vaccination receipts with this form.

Date of 1st dose: _____ Date of 2nd dose: _____ Date of 3rd dose: _____
(dd/mm/yyyy) *(dd/mm/yyyy)* *(dd/mm/yyyy)*

7. TUBERCULOSIS CHOOSE one of **A** or **B** or **C** to decide on the TB testing requirement:

A. This student requires a Baseline 2-step Mantoux because:
- ☐ there is no previously documented negative Mantoux test result
- ☐ the ONE previously documented negative single-step Mantoux test was more than 12 months ago

B. This student requires a single-step Mantoux because:
- ☐ there are 2 or more previously documented negative single-step Mantoux tests (the last one performed over 12 months ago)
- ☐ there is 1 previously documented negative 2-step Mantoux test
- ☐ the last negative Mantoux was documented between 12-24 months ago

C. This student DOES not require a Mantoux test because:
- ☐ there is a previously documented positive Mantoux (see below for additional steps)
- ☐ a Mantoux test is contraindicated because: (see instructions for list of contraindications) _____

Date of Test # 1: _____ Reading # 1 (mm): _____ INTERPRETATION: Negative: ☐ Positive: ☐
(dd/mm/yyyy) *(Induration)* *(see interpretation table in information sheet)*

Date of Test # 2: _____ Reading # 2 (mm): _____ INTERPRETATION: Negative: ☐ Positive: ☐
(dd/mm/yyyy) *(Induration)*

Last known negative: _____ BCG Vaccination: No ☐ Yes ☐ Date: _____
(dd/mm/yyyy) *(dd/mm/yyyy)*

Previous treatment for TB: No ☐ Yes ☐ Duration of treatment: _____ Dates of treatment:_____to _____
(mm/yyyy) *(mm/yyyy)*

CHEST X-RAY: required because:

- ☐ the Mantoux test is positive and has never been evaluated
- ☐ the previously documented positive Mantoux was not fully evaluated
- ☐ the previously diagnosed TB (active or latent) was never adequately treated
- ☐ the student has pulmonary symptoms suggestive of TB

Chest X-Ray Date: _____ Result: _____
(dd/mm/yyyy) *(If Abnormal, provide copy of result)*

PART 2: STUDENT AUTHORIZATION (To be completed by the student):

Student Name: _____ Student ID #: _____

I authorize the health professional listed below to complete the immunization record. I give my consent that the information on this form may be shared with university/clinical teaching site as appropriate.

Signature of Student: _____ Date: _____

PART 3: HEALTH CARE PROVIDER AUTHORIZATION (To be completed by health care professional; student cannot complete their own forms):

I have read and understood the requirements as instructed. I certify that the above information is complete and accurate.

Signature of health care professional: _____ Date: _____

STAMP

or Name, address, and phone number of clinic/health care centre/hospital where form was completed:

***** INFORMATION and INSTRUCTION GUIDE FOR IMMUNIZATION RECORD *****

For Health Care provider completing the Immunization Record for the student:

Do not authorize the applicant's immunization record without evidence of immunity or written documentation as defined below. Documentary proof of current immunization/immunity against specific diseases must be provided to the University of Toronto, Temerty Faculty of Medicine, Rehabilitation Sciences Sector.
Note: Proof of immunity is required for all persons carrying on activity in hospitals in Ontario under Regulation 965 of the Ontario Public Hospitals Act.
The specific requirements are:

1. Hepatitis B:
Documented immunization of a complete series of Hepatitis B, including lab evidence of immunity Antibodies to HBsAg (Anti-HBsAg over 10IU/L = immune) must be provided at least one month after the vaccine series is complete (Section A).
Individuals who are non-immune (i.e. do not have the antibodies against HBsAg after immunization), must be screened for the surface antigen (HBsAg). If the HBsAg result is positive, a further screen for e-antigen (HBeAg) must be performed (Section B).

Those who are non-immune and HBsAg negative must undergo a second series of HB immunization, and subsequent lab results recorded (Section C); a student can submit lab results demonstrating immunity at any time and no subsequent doses will be required. If lab evidence (anti-HBs) does not demonstrate immunity after the second series ('non-responder'), individual consideration should be given to the case, depending on the professional requirements. Advice of the Expert Panel on Infection Control (arranged by the Program) may be warranted to provide individual counselling (for example, in the event of a needlestick injury. Non-responders are not required to undergo a third series of HB immunization.

Routine booster doses of vaccine are not currently recommended in persons with previously demonstrated antibody as immune memory persists even in the absence of detectable anti-HBs, however periodic testing should be conducted in hepatitis B responders who are immunosuppressed to ensure they are maintaining their anti-HBs titre.

2. Measles, Mumps, Rubella Varicella:
Students must demonstrate evidence of immunity. Only the following is acceptable as proof of immunity: documentation of the dates of receipt of vaccines (two doses) **or** positive titre results for antibodies with date. A history of chickenpox is NO LONGER sufficient evidence for immunity.

If this evidence of immunity is not available, the student must have (a) mumps and/or measles and/or rubella and/or varicella immunization(s) (if they had 0 doses, then two doses are required), in the form of a trivalent measles-mumps-rubella (MMR) or Varicella vaccine, unless the student is pregnant. Females of child-bearing age must first assure their health care practitioner that they are not pregnant and will not become pregnant for one month after receiving this vaccine.

Administration of the second Varicella dose should be at least 6 weeks from the first[1]. (NACI) Administration of a LIVE virus vaccine MAY interfere with TB skin testing, unless administered on the SAME day, or 4-6 weeks apart.

3. Polio
Primary immunization against **polio** is sufficient.

[1] National Advisory Committee on Immunization (NACI). *Varicella Vaccination Two-Dose Recommendations*. Canada Communicable Disease Report Vol 36 ACS-8 Sept 2010. Public Health Agency of Canada (Available at: http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/10vol36/acs-8/index-eng.php

4. Diphtheria, Tetanus Acellular Pertussis:

Immunization against **diphtheria** and **tetanus** is generally valid for ten years. Maintenance of up-to-date immunization status is required. Vaccination with **acellular pertussis** as an adolescent or adult is recommended. A single dose of acellular pertussis vaccine in the form of a Tdap (Adacel vaccine) is recommended if not previously received as an adult or adolescent, in place of one Td booster. There is no contraindication in receiving Tdap in situations where the student has had a recent Td immunization.

5. Influenza:

Annual influenza vaccination is strongly recommended for seasonal influenza. Students who choose not to have an annual influenza vaccination should be aware that they may be limited from clinical placements at sites without documentation of vaccination.

6. COVID Vaccine:

COVID vaccination is strongly recommended. Students who choose not to have the COVID vaccination should be aware that they may be limited from clinical placements at sites without documentation of vaccination.
Note that students must provide their vaccination receipts to confirm the type of vaccination.

7. Tuberculosis:

Students whose tuberculin status is unknown, and those previously identified as tuberculin negative (with only ONE single-step Mantoux), require a baseline two-step Mantoux skin test with PPD/5TU, unless there is a documented negative PPD test during the preceding 12 months, in which case a single-step test may be given. For students who have had ≥2 previously documented negative single step PPD tests or 1 previously documented 2-step PPD test, a single-step test may be given.[2] [3] If a student has a previously documented positive tuberculin skin test, the student does not need to receive another tuberculin skin test, but requires additional documentation.

Annual TB testing is a requirement for individuals who have previously tested negative.

A negative TB test result is valid for 12 months only.

Students who have had previous Bacille Calmette-Guerin (BCG) vaccine may still be at risk of infection and should be assessed. **A history of BCG vaccine is not a contraindication to tuberculin testing.**

CONTRAINDICATIONS to tuberculin testing are:

- history of severe blistering reaction or anaphylaxis following the test in the past;
- documented active TB/clear history of treatment for TB infection or disease in the past;
- extensive burns or eczema in area of testing site;
- major viral infection (persons with a common cold may be tested); and/or
- live virus vaccine in the past 4-6 weeks (TB skin test CAN be given on SAME DAY as live virus vaccine)[4].

NOTE: Pregnancy is NOT a contraindication for performance of a Mantoux skin test.

Interpretation of the TB Skin Test[5]	
TB Skin Test Reaction Size (mm induration)	**Situation in Which Reaction is Considered Positive**
0 – 4 mm	- HIV infection with immune suppression AND the expected likelihood of TB infection is high (e.g., patient is from a population with a high prevalence of TB infection, is a close contact of an active contagious case, or has an abnormal x-ray)
5-9 mm	- HIV infection

[2] *Canadian Tuberculosis Standards, 6th ed.,* Public Health Agency of Canada and The Lung Association, 2007

[3] *Tuberculosis Surveillance Protocol for Ontario Hospitals,* Ontario Hospital Association and Ontario Medical Association, 2008.

[4] Centers for Disease Control and Prevention (CDC). *Tuberculosis (TB). Fact Sheets*. June 20 2011. (Available at: http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm)

	- Close contact of active contagious case - Abnormal chest x-ray with fibronodular disease - Other immune suppression: TNF-alpha inhibitors, chemotherapy
≥ 10 mm	- All Others

Chest X-rays should be taken on students who:

i. are TB skin test positive and have never been evaluated for the positive skin test;
ii. had a previous diagnosis of tuberculosis but have never received adequate treatment for TB; and/or
iii. have pulmonary symptoms that may be due to TB.

If the evaluation of a student is suggestive of TB, the health care provider MUST direct the student to a TB clinic for further assessment and recommendations.(For example: Toronto Western Hospital TB Clinic Tel: 416-603-5853)

Active cases of TB, those suspected of having active TB disease, tuberculin skin test converters and those with a positive TB skin test are reportable to the local Medical Officer of Health. Occupationally acquired active TB and LTBI are also reportable to Workplace Safety and Insurance Board (WSIB) and the Ontario Ministry of Labour.

***** INSTRUCTIONS ON STANDARD FIRST AID & CPR CERTIFICATION*****

Occupational Science & Occupational Therapy and Physical Therapy students are required to provide a copy of a valid certificate in **both Standard First Aid and CPR at the Basic Rescuer (C) level.** This level includes one-person and two-person CPR with infants, children and adults. Higher levels are acceptable. Students must take these courses and submit documentation by the deadline outlined above (department-based).

Failure to provide this documentation could result in the cancellation of internships. The student is responsible for the expense of these courses. A copy of these certificates may also be required by individual facilities.

Where can I get CPR certification?

The department accepts CPR certification from most agencies in Canada. Some of the most popular courses among our students are run by the following agencies:

The Canadian Red Cross
http://www.redcross.ca/

Heart and Stroke Foundation
http://www.heartandstroke.com/

Lifesaving Society
http://www.lifesaving.ca/

St. John's Ambulance
http://www.sja.ca/

You will be required to provide **a copy of the CPR and First Aid Certificates** to the Department on the date listed on page 1. You will keep the original document for your records.

REFERENCES and RESOURCES:

- Council of Ontario Faculties of Medicine. *COFM Immunization Policy.* Approved May 23, 2008.
- Immunization Record, Undergraduate Medical Education, University of Toronto, Faculty of Medicine, 2009
- Immunization Record, Postgraduate Medical Education, University of Toronto, Faculty of Medicine, 2009
- Ontario Hospital Association, Communicable Diseases Surveillance Protocols (Available from: http://oha.ca/)
- Centers for Disease Control and Prevention (Available from: http://www.cdc.gov/)
  National Advisory Committee on Immunization (NACI) (Available from: http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php)