# REQUIREMENTS FOR VACCINATION
# OF PHARMACY STUDENTS, TRAINEES and PHARMACY TECHNICIAN STUDENTS DOING PRACTICUMS AT WINNIPEG REGIONAL HEALTH AUTHORITY (WRHA) FACILITIES AND AGENCIES

**RATIONALE:** To prevent transmission of infections to patients and to protect students from acquiring infections that could be transmitted in a health care setting.

**TO WHOM DOES THIS APPLY:**

All students seeking experiential placement via the WRHA Pharmacy Program. Individuals that are unable to comply with these requirements for medical reasons will have their case reviewed on an individual basis by the WRHA Pharmacy Program before placement is authorized.

**REQUIRED DOCUMENTATION OF IMMUNITY/VACCINATION:**

| Agent | Required Documentation |
|---|---|
| Rubella | • Documentation of rubella-containing vaccine, given in accordance with National Advisory Committee on Immunization (NACI) guidelines; or<br>• Documentation of rubella-specific IgG (titre) |
| Measles | • Born before 1970; or<br>• Documentation of measles-containing vaccine, given in accordance with NACI guidelines; or<br>• Documentation of measles-specific IgG |
| Varicella (Chicken Pox) | • Considered immune if physician, parent-diagnosed or self-reported chickenpox; or<br>• Documentation of varicella zoster-specific antibodies; or<br>• Documentation of varicella vaccine, given in accordance with NACI guidelines |
| Hepatitis B | • Considered immune if documentation of hepatitis B virus (HBV) vaccine, given in accordance with NACI guidelines; or<br>• Documentation of HBV-specific antibodies |
| Mantoux testing | • Considered tested if documentation of Mantoux testing performed, in accordance with Canadian Tuberculosis Standards, Fifth Edition (2002); or<br>• Documentation of BCG vaccine |

**DOCUMENTATION OF IMMUNITY/VACCINATION IS ALSO REQUESTED and STRONGLY RECOMMENDED, BUT NOT REQUIRED FOR:**

| Agent | Documentation |
|---|---|
| Diphtheria | • Complete primary series of combined tetanus and diphtheria toxoids and booster given in accordance with NACI guidelines |
| Influenza | • Annual immunization recommended for all health workers and students |
| Mumps | • Considered immune if born before 1970; or<br>• Documentation of mumps-containing vaccine given in accordance with NACI guidelines; or<br>• Documentation of mumps-specific IgG |
| Polio | • Documentation of poliovirus vaccine, given in accordance with NACI guidelines |

# Pharmacy Student and Pharmacy Technician Student Immunity/Vaccination Documentation Record

Name: _____ Student Number: (optional) _____

Date of Birth: _____ Phone Number: _____

| | | |
|---|---|---|
| **Tetanus / Diptheria toxoid** | Most recent booster given:<br>Date: ..... | |
| **Polio** | Primary series given? [ ] Yes; [ ] No<br>Date of any booster doses: ..... | |
| **Rubella** (German measles) | Rubella titre<br>Result: .....<br>Date:..... | Rubella vaccine<br><br>Date:..... |
| **Measles** | History of disease<br><br>Date: ..... | Measles titre or Measles vaccine<br>Result: ..... Date:.....<br>Date:..... |
| **Mumps** | History of disease<br><br>Date: ..... | Mumps titre or Mumps vaccine<br>Result: ..... Date:.....<br>Date:..... |
| **Chicken pox** (Varicella/Zoster) - | History of disease<br><br>Date: ..... | Titre or Vaccine<br>Titre Result:.....<br>Dose 1: ..... Dose 2:.....<br>Date:..... |
| **Hepatitis B** | Dose 1: ..... Dose 2: ..... Dose 3: .....<br>Titre/Date: ..... Result: ... | |
| **BCG** | [ ] Yes; [ ] No. Scar Present [ ] Yes; [ ] No | |
| **Mantoux (5 TU)** | Date: ..... Date: .....<br>Result: ..... Result: ..... | |
| **Influenza** (document most recent vaccination only) | Date: ..... | |

Name of Physician / Nurse (please print) _____

Address: _____

Signature: _____ Date: _____

Should an occupational exposure to an above illness occur, I authorize the release of the above information to the treating medical facility. Note: Costs associated with completion of this form are the responsibility of the student.

Student Signature: _____ Date: _____

**Copy to be provided to Site Coordinator – Students must keep ORIGINAL COPY.**
**Note: Costs associated with vaccination requirements are the responsibility of the student.**