

VETERINARY WORKER IMMUNIZATION WORKSHEET

Instructions:

1. Gather your immunization records and complete the attached Veterinary Worker Immunization Worksheet.
2. To track down your immunization records try contacting the following people/organizations:
 - a. From Calgary, contact Central Records at 403-214-3641. From Edmonton, contact 780-413-7985.
 - b. Outside of Calgary/Edmonton, contact your local health unit or the healthcare professional that immunized you.
 - c. OH&S at agencies you have worked at
 - d. 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 at the University, you can send them through interoffice mail attention Brendan Webster, Occupational Health Nurse, MS 279. If you are not at the University you can fax them to Brendan's attention at 403 282 8603. Brendan will review your documents and if you need any updated immunizations or tests, he will be in contact with you. If you have questions, please feel free to contact Brendan at Brendan.webster@ucalgary.ca.
4. If you have a medical condition that you are concerned may affect your ability to safely participate in the immunization program, please contact the Occupational Health Nurse at 403-220-8334



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Last Name: _____ First Name: _____ Maiden Name or AKA: _____

UCID #: _____ Date of Birth: _____ Email: _____

Home Phone: _____ Cell Phone: _____

**I have a medical condition that will not allow me to receive one or more of the vaccines specified in the list below: Yes No

Immunization Recommendations

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

Rabies	<ul style="list-style-type: none"> • Must have completed primary series for Rabies. • If you have not received a Primary Rabies series ≥ 3 doses, it is recommended that you receive a 3-dose primary series. • Bloodwork (Rapid fluorescent-focus inhibition test) is required every two years to ensure that immunity to rabies is still present. It is required every 6 months for those directly working with the rabies virus. • Rapid fluorescent-focus inhibition test result of less than 1.0 IU/mL indicates the need for a booster dose. • Rapid fluorescent-focus inhibition test is required two weeks after each booster dose. 	Primary series completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last dose of Rabies: _____ (Month/Day/Year) Date of last Rabies Titre: _____ (Month/Day/Year) Titre Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Tetanus	<ul style="list-style-type: none"> • Must have completed primary series of Tetanus/Diphtheria (Td). • If you have not received a Primary Td series ≥ 3 doses, it is recommended that you receive a 3-dose primary series. • One Tetanus/Diphtheria (TD) booster is recommended every 10 years following previous vaccinations. 	Primary series completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last dose of Td: _____ (Month/Day/Year)
Seasonal Influenza	<ul style="list-style-type: none"> • Annual seasonal influenza vaccine is strongly recommended every year. • Each fall a new seasonal influenza vaccine is released as the seasonal influenza vaccine is only good for one influenza season. 	It is recommended that each fall you submit proof of your new seasonal influenza vaccine to the Occupational Health Nurse (OHN). OR If you choose not to receive it please notify in writing your choice not to have it and submit to the OHN.

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<p>Hepatitis B (Hep. B) ONLY IF AT RISK</p>	<ul style="list-style-type: none"> This is only required if you have a risk of exposure to human blood, blood products, bodily fluids, or tissues. Most Hep B series are 3 doses. The interval between doses being 0, 1, and 6 months. If you have not received all 3 doses, please complete your series. 	<p>Hep B #1: _____ (Month/Day/Year)</p> <p>Hep B #2: _____ (Month/Day/Year)</p> <p>Hep B #3: _____ (Month/Day/Year)</p>
<p>Hepatitis B Blood Testing (Anti HBs) ONLY IF AT RISK</p>	<ul style="list-style-type: none"> This is only required if you have a risk of exposure to human blood, blood products, bodily fluids, or tissues. 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. 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). 	<p>Date of Anti-HBs: _____ (Month/Day/Year)</p> <p>Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune</p> <p>If Required:</p> <p>Date of HBsAg: _____ (Month/Day/Year)</p> <p>Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p>

Please send this Immunization Worksheet and copies of previous immunization forms attention Brendan Webster, Occupational Health Nurse at:

Fax: 403-282-8603

or

Mail: Math Sciences Room 279
2500 University Drive NW
Calgary, AB T2N 1N4