

# NURSING INSTRUCTOR IMMUNIZATION WORKSHEET

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Maiden Name or AKA: \_\_\_\_\_ UCID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Provincial Health Care #: \_\_\_\_\_

## Instructions:

1. Gather your immunization records and complete the attached Instructor Immunization Worksheet.
2. To track down your immunization records try contacting the following people/organizations:
  - a. If immunized in Alberta, you can access your immunization records through: <https://myhealth.alberta.ca/myhealthrecords>
  - b. From Calgary, contact Central Records at 403-214-3641. From Edmonton, contact 780-413-7985.
  - c. Outside of Calgary/Edmonton, contact your local health unit or the healthcare professional that immunized you.
  - d. OH&S at agencies you have worked at
  - e. 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 on campus, you can send them through interoffice mail attention: Occupational Health Nurse, MS 279. If you are not on campus, you can fax them to 403 282 8603. Your documentation will be reviewed and if you need any updated immunizations or tests you will be contacted.
4. Immunization updates, if required, can provided at no charge through the Staff Wellness Department or through your own provider.
5. If you have questions, please feel free to contact the Occupational Health Nurse at [ohn@ucalgary.ca](mailto:ohn@ucalgary.ca)

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

Health Care Worker (Including work in or around patient care areas or AHS facilities)				
Immunization	Schedule	History		
<b>Tetanus/ Diphtheria/ Pertussis</b>	<ul style="list-style-type: none"> <li>Tetanus/Diphtheria (Td) primary series: ≥ 3 doses. The interval between doses being 0, 1, and 6 months</li> <li>Tetanus/Diphtheria (Td) booster dose every 10 years</li> <li>One dose of Pertussis vaccine (comes as combination with tetanus and diphtheria) administered on or after age 18</li> </ul>	Primary series completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Last dose of dTap:	Date (yyyy/mm/dd)	
		<b>OR</b>		
		If you have had your adulthood dose of dTap more than 10 years ago:		
		Last dose of Td:		
<b>Polio</b>	<ul style="list-style-type: none"> <li>Healthcare workers (HCWs) at <b>increased risk</b> of polio exposure:               <ul style="list-style-type: none"> <li>Must have completed primary series (≥ 3 doses) of polio as a child including a dose after age 4</li> <li>Must receive an adult reinforcing dose.</li> </ul> </li> <li><b>Increased risk</b> includes HCWs who may be exposed to individuals excreting polio virus (wild polio or live oral polio vaccine [OPV] strains – contact with stool, fecal matter or pharyngeal secretions).               <ul style="list-style-type: none"> <li>See Polio Risk Assessment for Health Care Workers Algorithm to determine if you are at <b>increased risk</b>:  <a href="https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-polio-risk-assessment.pdf">https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-polio-risk-assessment.pdf</a> </li> </ul> </li> </ul>	Increased risk of polio exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Primary series completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Polio	Dose	Date (yyyy/mm/dd)
			1	
			2	
			3	
Adult Dose: _____	(yyyy/mm/dd)			
<b>COVID-19</b>	<ul style="list-style-type: none"> <li>Must have completed a primary series of covid-19. If you do not have proof of a primary covid-19 series ≥ 2 doses you will have to receive a 2-dose primary series</li> </ul>	Primary series completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Covid-19	Dose	Date (yyyy/mm/dd)
			1	
	2			
<b>Measles/Mumps/ Rubella (MMR)</b>	<ul style="list-style-type: none"> <li>Must have DOCUMENTATION showing two doses of measles and mumps containing vaccine.</li> <li>Please note a blood titre for mumps is NOT CONSIDERED VALID and will not be considered as proof. Thus, if you have no documentation for mumps you will need to be revaccinated.</li> <li>It is acceptable if the measles, mumps, and rubella antigens have been given separately.</li> <li>Vaccination for MMR needs to be given after 1st birthday to be considered valid.</li> </ul>	MMR	Dose	Date (yyyy/mm/dd)
			1	
			2	
<b>Varicella (Chickenpox)</b>	<ul style="list-style-type: none"> <li>History of chickenpox disease is no longer recognized as a valid way of determining immunity</li> <li>Must have DOCUMENTATION showing two doses of varicella vaccine containing vaccine</li> <li>Vaccination for varicella needs to be given after 1st birthday to be considered valid.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>Positive blood titre for varicella; indicating immunity</li> </ul>	Blood Test Result:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	
		Varicella	Dose	Date (yyyy/mm/dd)
			1	
			2	

<b>Hepatitis B</b>	Hepatitis B series: $\geq 3$ doses. The interval between doses being: <ul style="list-style-type: none"> <li>• 0</li> <li>• 1 month after dose 1</li> <li>• 6 months after dose 1</li> </ul>	Hep B	<table border="1"> <thead> <tr> <th>Dose</th> <th>Date (yyyy/mm/dd)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> </tbody> </table>	Dose	Date (yyyy/mm/dd)	1		2		3	
Dose	Date (yyyy/mm/dd)										
1											
2											
3											
<b>Hepatitis B Blood Testing</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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 and Anti-HBc.</li> <li>• 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.</li> <li>• 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).</li> </ul>		<table border="1"> <thead> <tr> <th>Date (yyyy/mm/dd)</th> </tr> </thead> <tbody> <tr> <td>Anti-HBs: Result:</td> </tr> <tr> <td><input type="checkbox"/> Immune <input type="checkbox"/> Not Immune</td> </tr> <tr> <td><b>If Required:</b></td> </tr> <tr> <td>HBsAg: Result:</td> </tr> <tr> <td><input type="checkbox"/> Positive <input type="checkbox"/> Negative</td> </tr> <tr> <td>Anti-HBc: Result:</td> </tr> <tr> <td><input type="checkbox"/> Positive <input type="checkbox"/> Negative</td> </tr> </tbody> </table>	Date (yyyy/mm/dd)	Anti-HBs: Result:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	<b>If Required:</b>	HBsAg: Result:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Anti-HBc: Result:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
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<b>Tuberculosis (TB) Testing (Mantoux)</b>	<ul style="list-style-type: none"> <li>• A BCG is a vaccination for tuberculosis (Not everyone would have had this done. It is not required).</li> <li>• A mantoux test is a test for tuberculosis. You should have had a mantoux test done at time of hire as an RN.</li> <li>• If you have had an exposure to TB or work in a high risk area, you need to have a current mantoux test done (within the last year).</li> <li>• If you have proof of a previously positive mantoux test, do not have another mantoux test - have a chest x-ray done.</li> <li>• If you have received a live vaccine such as MMR or varicella you must wait one month before your mantoux test.</li> <li>- If you have a positive reaction to your mantoux test then a chest x-ray and/or further testing must be done.</li> </ul>		<table border="1"> <thead> <tr> <th>Date (yyyy/mm/dd)</th> </tr> </thead> <tbody> <tr> <td>Mantoux Read: Result:</td> </tr> <tr> <td>mm</td> </tr> <tr> <td>Have you worked in high risk area or been exposed to TB since the above Mantoux test? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><b>If Required:</b></td> </tr> <tr> <td>Chest X-Ray: Result:</td> </tr> <tr> <td><input type="checkbox"/> Positive <input type="checkbox"/> Negative</td> </tr> </tbody> </table>	Date (yyyy/mm/dd)	Mantoux Read: Result:	mm	Have you worked in high risk area or been exposed to TB since the above Mantoux test? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Required:</b>	Chest X-Ray: Result:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
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Chest X-Ray: Result:											
<input type="checkbox"/> Positive <input type="checkbox"/> Negative											
<b>Seasonal Influenza</b>	<ul style="list-style-type: none"> <li>• Seasonal influenza vaccine is strongly recommended every year</li> </ul>	Each fall you will be required to submit proof of your new seasonal influenza vaccine <b>OR</b> If you choose not to receive it please notify in writing your choice not to have it and submit to the Staff Wellness Office									