



# IMMUNIZATION REQUIREMENTS FOR NURSING STUDENTS SASKATOON BSN

## GENERAL INFORMATION

- The University of Saskatchewan requires that all students attending a Health Science College provide documented proof of immunization.
- Please review <https://nursing.usask.ca/clinical/immunization.php> for the most up to date information
- All nursing students are required to complete the recommended immunizations for health care workers as outlined in the Saskatchewan Immunization Manual, Chapter 7 Section 6.4 (available online at: [www.ehealthsask.ca/services/manuals/Pages/SIM.aspx](http://www.ehealthsask.ca/services/manuals/Pages/SIM.aspx)) prior to any contact between students and patients/clients.
- Students are required to submit to the College of Nursing proof of immunizations prior to participation in clinical experience.
- Failure to maintain recommended immunizations may delay a student's progress in their studies.
- Specific immunizations will be required for certain clinical placements and in specific circumstances, such as disease outbreaks. Students who refuse or are unable to comply with this requirement may be at risk of not being able to complete required components of their program.
- Any applicable costs of immunization are the responsibility of the student.
- **CONSENT:** Immunization records and/or serology results will be shared from Student Wellness and/or the Nurse reviewing your records with your College and clinical placements throughout your studies as required – this is to ensure your safety and the safety of your clients. You are required to sign a consent form to authorize sharing of this information and provide this consent form to Student Wellness.

## IMMUNIZATION INSTRUCTIONS

1. Review your immunization requirements (see page 3).
2. Locate your childhood and adult immunization records. If you do not have these records, contact your Public Health Unit or Family Doctor.
  - a. If you were immunized in and around the Saskatoon area, please visit this website:  
[www.saskatoonhealthregion.ca/locations\\_services/Services/Immunization/Pages/Immunization-Record-Requests.aspx](http://www.saskatoonhealthregion.ca/locations_services/Services/Immunization/Pages/Immunization-Record-Requests.aspx) or call the immunization record line at 306-655-4090. There is \$25.00 charge to get your records.

- b. If you were immunized in and around the Regina area, call the Immunization Office at 306-766-7904. There is a \$25.00 charge to get your records.
  - c. For all other regions, contact your Home Public Health region. If you need to determine which region to contact, please visit:  
[www.saskhealthauthority.ca/services-locations/Pages/Home.aspx](http://www.saskhealthauthority.ca/services-locations/Pages/Home.aspx).
3. Send a **copy** of your immunization records AND Consent Form **by August 15<sup>th</sup>** (earlier is better if you can) to
  - Mail  
Student.wellness@usask.ca
  - OR
  - Fax  
Attn: Pam Komonoski  
306-966-5786
4. Your first appointment will be a virtual / telephone appointment with the Registered Nurse. Once the Nurse has reviewed your records, the Student Health staff will contact you to book your virtual visit. If you haven't heard from them after several days you may wish to contact them directly. Your documents **must** be submitted to Student Health before your appointment.
5. Please note TST (tuberculin skin test) requires results read 48-72 hours after it is administered. Student Health charges \$40 payable by debit for this.
6. For additional questions and immunization review inquiries contact 306-966-5768.

**Important:** Place Riel is may be closed to the public or have limited access. Students that have an appointment to see the Nurse will enter by the foyer of the Murray Building (in between Place Riel and the Murray Library). Follow the arrows and signage from the main doors of Place Riel. You **must** have an appointment. You will be screened for Covid-19 symptoms the day before your appointment *and* when you arrive. If you are sick or have a fever, you must reschedule your appointment.

Your College requires you to have your immunizations reviewed and submitted by September 15<sup>th</sup> or it may prevent you from attending your clinical placement.

# SPECIFIC IMMUNIZATION REQUIREMENTS

## Tetanus/Diphtheria (Td):

- Primary series of 3-5 doses, then a booster every 10 years

## Pertussis:

- Primary series and adults are encouraged to have a Td booster with the pertussis component once in their adult lifetime. Some colleges mandate this.

## Polio:

- Primary series, booster if travelling in endemic areas

## Measles, mumps, rubella (MMR):

- Proof of immunity by serological evidence (please attach) OR by documented proof of vaccination with **2 doses** of measles, mumps and rubella.

## Tuberculin skin test (TST):

- Initial base line skin test required prior to client contact
- If there is a history of a positive Tuberculin, a CXR is required.

## Hepatitis B:

- A series of two or three doses followed by an antibody check
- If you have already received the series, lab evidence of immunity is required (please attach).
- If the Hepatitis B Surface Antibody is non-immune (0 mIU/ml), a Hepatitis B surface antigen test must be done. If the antigen test is positive, consult your Health Care Provider. Refer to your specific College Policy for guidelines regarding clinical practice.
- If the antigen test is negative, (and antibody non-immune); revaccination and reassessment for immunity must be done.
- **Note:** if you do not currently have your Hepatitis B immunizations you should begin this series **as soon as possible**, as it takes several months to complete.

## Varicella (Chickenpox)

- Serological evidence of immunity (please attach) OR proof of one or two doses of varicella vaccination

## Influenza

- Recommended annually

## Covid-19

- Recommended



**University of Saskatchewan**

**Immunization Requirements Consent**

I agree to comply with all immunization requirements of the University of Saskatchewan. I give consent for my immunization records and/or serology results to be shared with my College, clinical placements and administrative staff, as appropriate.

Student Signature: \_\_\_\_\_

Name (*please print*): \_\_\_\_\_

Date Signed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

College of:  Dentistry  Medicine  Nursing  Nutrition  Pharmacy  
 Physical Therapy  Vet Med  Public Health  Dental  
 Assistant

Graduating Year: \_\_\_\_\_

**Student Information**

Last Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

U of S Student Number: \_\_\_\_\_ DOB (dd/mm/yr): \_\_\_\_\_ M/F

Health Card Number: \_\_\_\_\_ Province: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Previous visit to Student Wellness Centre  Yes  No

Saskatoon Address/Postal Code: \_\_\_\_\_

Telephone: (C) \_\_\_\_\_ (H) \_\_\_\_\_

U of S NSID: \_\_\_\_\_

Next of Kin (Name/Phone/City): \_\_\_\_\_