



IMMUNIZATION REQUIREMENTS FOR NURSING STUDENTS

GENERAL INFORMATION

The University of Saskatchewan requires that all students attending a Health Science College provide documented proof of immunization.

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](#) (available online at: 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.

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.

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.

For all other regions, contact your Home Public Health region. If you need to determine which region to contact, please visit: <https://www.saskhealthauthority.ca/Services-Locations>.

3. Where to send:

For Regina and Yorkton students, send a **completed copy** (including tuberculin skin test) of your immunization records and your signed consent to margie.lockwood@usask.ca.

You will be contacted to arrange a meeting **within the first 2 weeks of September** to review your immunization status.

You may choose to see your Family Physician to begin and/or complete your immunization review, however, please note that you are also still required to connect with Margie to ensure all your requirements have been met.



Your College requires you to have your immunizations complete by September 30 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 nonimmune (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

Required annually



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: _____

College of: Dentistry Medicine Nursing Pharmacy & Nutrition WCVM

Graduating Year: _____

STUDENT INFORMATION

Last Name: _____ Given Name(s): _____

USask Student Number: _____ DOB (dd/mm/yy): _____ M/F

Health Card Number: _____ Province: _____ Expiry Date: _____

Address/Postal Code: _____

Telephone: (C) _____ (H) _____

USask NSID: _____

Emergency Contact (Name/Phone/Address): _____
