



## IMPORTANT PROGRAM REQUIREMENTS SASKATOON PDBSN

The Health and Safety Program Requirements **must be completed** by the due dates listed below. Full details for each requirement can be found online at: [nursing.usask.ca/clinical/health-and-safety.php](http://nursing.usask.ca/clinical/health-and-safety.php).

Ensure your scan clearly shows your name, the certificate/document type, and date completed prior to sending. **Please name the file starting with your NSID example: abc123**. Please only send .pdf, .jpg, or .png files.

**PLEASE send all program requirement documents to:** [nursing.saskatoonclinical@usask.ca](mailto:nursing.saskatoonclinical@usask.ca)

**Mailing address:** College of Nursing, Health Science Building  
 1A10 – Box #6, 107 Wiggins Road, Saskatoon, SK S7N 5E5

Required Certificates & Records	Due Date	Example File Name Your NSID	Notes
<input type="checkbox"/> Phone Number	<b>January 2</b>	(Send in an email)	Personal cell phone number is required in case of a clinical placement emergency.
<input type="checkbox"/> Gender	<b>January 2</b>	(Send in an email)	Student gender is required for locker allocation within the Saskatoon hospitals.
<input type="checkbox"/> WHMIS – (online through USask only)	<b>January 2</b>	abc123 WHMIS	<b>Renew every 3 years.</b> No cost - <a href="https://usask.ca-central.catalog.canvaslms.com/browse/safety?query=whmis">https://usask.ca-central.catalog.canvaslms.com/browse/safety?query=whmis</a>
<input type="checkbox"/> Criminal Record Check (CRC) with Vulnerable Sector Search – <b>must obtain both.</b>  <span style="background-color: yellow;">If your CRC-VSC is positive, please complete and send to the CoN ASAP as additional steps will be required.</span>	<b>January 2</b>	abc123 CRC	<p><b>Current within 6 months from your home community.</b></p> <p><b>If your CRC has an embossment, the embossment must be visible in the copy you provide. This can be achieved by taking a photo of your CRC.</b></p> <p>Need a <u>Vulnerable Sector Search</u> letter? Please include full legal name and birth date when contacting: <a href="mailto:nursing.saskatoonclinical@usask.ca">nursing.saskatoonclinical@usask.ca</a>.</p>



<input type="checkbox"/> CPR & AED Certificate (required every 2 years)	<b>January 31</b>	abc123 CPR	<b>Must be current.</b> Must include theory and hands on skills training for choking, CPR, and AED for infant, child, and adult. <b>Accepted:</b> CPR-C with AED, CPR-B with AED, Heartsaver, BLS (HCP)
<input type="checkbox"/> N95 Mask fitting	<b>January 31</b>	abc123 FIT	<b>The College of Nursing will facilitate sessions in January, please monitor your USask email for further updates.</b>  Non USask certificates are accepted as long as you are fit for 2 SHA approved mask sizes. Please visit this <a href="#">link</a> to see the list of SHA approved masks.  Masks to be re-fit every 2 years.
<input type="checkbox"/> Transferring, Lifting, Repositioning (TLR) Certificate	<b>January 31</b>	abc123 TLR	<b>The CON is arranging course dates in December and January through one of the suppliers. Please monitor your USask email for further updates.</b>  Certificates are accepted from Sask Polytech, SK SIMS, and SHA (as existing employees).  Recertify every 3 years.
<b>Required Forms</b>	<b>Due Date</b>	<b>Example File Name</b>	<b>Notes</b>
<input type="checkbox"/> Immunization Consent Form <b>AND</b> Immunization Records sent to <a href="#">Student Wellness</a> in <b>PDF format</b>	<b>January 2</b>	N/A	<b><u>READ INFORMATION BELOW</u></b> <b>Immunization Requirements for Nursing Students</b>
<input type="checkbox"/> Immunization Report from Student Wellness sent to the <a href="#">College of Nursing</a>	<b>January 31</b>	abc123 IMM	Student Wellness will provide you with a report once all of your immunizations are complete, please send in <b>PDF format</b> to the College of Nursing.

**PLEASE send all program requirement documents to: [nursing.saskatoonclinical@usask.ca](mailto:nursing.saskatoonclinical@usask.ca)**

**All other forms listed on the website will be reviewed and signed at the mandatory orientation.**



# IMMUNIZATION REQUIREMENTS FOR NURSING STUDENTS

## SASKATOON PDBSN

### 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 6.3](#) (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. **Please send your immunization records and consent form via PDF format.**

### IMMUNIZATION INSTRUCTIONS - PLEASE READ INSTRUCTIONS CAREFULLY

1. Review your immunization requirements.
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 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 a charge to get your records.
  - If you were immunized in and around the Regina area, call the Immunization Office at 306-766-7904. There is a 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/facilities-locations>
3. Send a **copy** of your immunization records AND Consent Form (see below) **via PDF format by January 2<sup>nd</sup>, 2025 (earlier is better if you can)** to: Email: [Student.wellness@usask.ca](mailto:Student.wellness@usask.ca) OR Fax: Pam Komonoski at 306-966-5786
  - **You will receive an automatic notification that your email has been received. There will be two additional emails sent out - one is that your information is being reviewed/processed and the second one will be asking you to book an appointment.**



- Once your information has been received and reviewed by the nursing staff at Student Wellness, they will contact you via email to book an appointment. **YOU MUST WAIT TO BE CONTACTED by Student Wellness via email.**
- Please email for inquiries only once you have submitted your records/consent form and if you have not heard anything after a week as the nurses are very busy during this time.

Note: Your documents must be submitted to Student Wellness before your appointment. The TST (tuberculin skin test) requires results read 48-72 hours after it is administered.

The College of Nursing requires your immunizations to be reviewed by Student Wellness and submitted to the College of Nursing **by January 31st, 2025.** We recognize this may be “in progress/incomplete” as of this date. New or updated immunizations may be required, but we require the initial review to be complete, and the report submitted to the College, or this may prevent you from attending your clinical placement. Once all immunizations are **complete**, please submit your completed report to the College of Nursing via email: [nursing.saskatoonclinical@usask.ca](mailto:nursing.saskatoonclinical@usask.ca). This submission date may vary depending on how many new or updated immunizations you may need.



## SPECIFIC IMMUNIZATION REQUIREMENTS

### Tetanus/Diphtheria (Td):

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

### Pertussis:

- Primary series and Tdap or Tdap – Pertussis booster

### Polio:

- Primary series, booster if travelling in endemic areas

### Measles, mumps, rubella (MMR):

- Proof of vaccination (2 doses) OR proof of immunity by serological evidence

### Tuberculin skin test (TST):

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

### Hepatitis B:

- Two or three doses followed by an antibody check
- If you have already received the series, lab evidence of immunity is required
  - o If the Hepatitis B Surface Antibody is non-immune, Student Wellness will provide further direction
  - o **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 OR proof of two doses of varicella vaccination

### Influenza

- Strongly recommended

### Covid-19

- Strongly recommended

## 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 Information

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

DOB (dd/mm/yr): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Province: \_\_\_\_\_ Exp: \_\_\_\_\_ M/F

Saskatoon Address & Postal Code: \_\_\_\_\_

Next of Kin (name/phone #/relation): \_\_\_\_\_

U of S Student Number: \_\_\_\_\_

USASK NSID & Email: \_\_\_\_\_

Previous visit to Student Wellness Centre: \_\_\_\_ Yes \_\_\_\_ No

<i>College</i>	<i>Saskatoon Campus</i> <i>*Please check off your program</i>
Dentistry	
Dental Assisting	
Dental Therapy	
Nutrition	
Pharmacy	
Masters of Public Health	
Physical Therapy	
Veterinary Medicine	
Medicine	
Nursing	
Nursing Post Degree	
Nurse Practitioner	

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

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

*\*Once completed, please send consent form to: [student.wellness@usask.ca](mailto:student.wellness@usask.ca)*