Many third-party Field, Clinical, or Practicum placement agencies expect post-secondary students who are in practicum in facilities to be immunized in accordance with Alberta Health Services Immunization Program Standard #08.302 (revised June 1, 2017). Red Deer Polytechnic (RDP) has agreements with third party practicum agencies to ensure that students are strongly encouraged to complete the recommended immunizations.

Information about vaccines and immunization is available at http://immunizealberta.ca

Immunization will:
- Reduce the transmission of vaccine preventable communicable diseases in health care facilities
- Reduce morbidity and mortality related to vaccine preventable diseases

**IMMUNIZATIONS ARE DUE BEFORE YOUR FIRST PRACTICUM/ PLACEMENT BEGINS** - Start as soon as you receive final admission to your program.

**If you are on a waitlist** gather your information and begin updating your immunizations so that it is ready in the event of a short notice admission.

**NOTE: Rubella** is a *legislated* vaccination under the Public Health Act’s Communicable Disease Regulation (238/1985) for all health care workers. Students and instructors will **NOT be cleared for practicum/ placement without Rubella.**

**DEFINITION:** Immunizations are a series of vaccination doses you may have received beginning when you were an infant and continuing throughout your life. These immunizations protect you and others from common communicable diseases.

You are responsible to attain and maintain the recommended immunizations.

Specific immunizations and screening tests for health care students are strongly recommended by Alberta Health Services. Alberta Immunizations Standards for Health Care Workers are required for participation in practicum in ALL Red Deer Polytechnic programs.

**FOR ALL STUDENTS**
- Gather all your immunization records from home and/or your healthcare provider or by registering and using My Health Alberta https://myhealth.alberta.ca/myhealthrecords
- Take a copy of your original immunization records to your local Public Health Office. You may also take a copy of the “Immunization Requirements” from this package.
  - [https://www.immunizealberta.ca/i-want-immunize/where-immunize](https://www.immunizealberta.ca/i-want-immunize/where-immunize)
- Book an appointment with Public Health to have your immunizations updated and completed, tell them you are a “Health Care Student”.
- Ask Public Health for a print out of any immunization records they may have in their database.
• Submit a copy of your immunization record along with your signed “Health, Safety and Wellness Centre Consent to the Disclosure of Individually Identifying Health Information” form (see below) to the OHN.
  o Email: health.safety@rdpolytech.ca (please use your RDP email address)
  o Fax: 403-342-3303
• In all correspondence to the OHN always include your program name, RDP ID#, your updated immunization information and next appointment information with Public Health. If this information is not included in your submission, it may delay processing your immunization records and clinical.
• After your immunizations are received by the OHN, your records will be reviewed, and you will be contacted via your RDP email regarding your immunization status.


Hepatitis B Bloodwork Serology-please read the instructions carefully

Hepatitis B Serology is a blood test and is required for students who may be at risk of exposure to the Hepatitis B virus through contact with blood and body fluids

REQUIRED for: Bachelor of Science in Nursing, Practical Nursing, Health Care Aide, Medical Laboratory Assistant, Pharmacy Technician

FOR STUDENTS WHO WERE BORN IN CANADA- Hepatitis B Serology Bloodwork

Using the bloodwork requisition labelled “Students Born in Canada” that can be found below in your Package E Immunization Instructions:
  • Print a copy of the requisition
  • Fill out the top portion with your information eg. Name, address, phone number, date of birth, health card number.
  • Make an appointment at your local hospital lab, local private lab or Red Deer DynaLife Lab (https://www.dynalife.ca/) to have your bloodwork completed if:
    o You have received your primary series of Hepatitis B vaccine (3 doses of 0.5 ml or 2 doses of 1 ml) **OR**
    o You have received 3 doses of Twinrix vaccine.

FOR STUDENTS WHO WERE BORN OUTSIDE OF CANADA-Internationally born-Hepatitis B Serology Bloodwork

Using the bloodwork requisition labelled “Internationally Born Students” that can be found below in your Package E Immunization Instructions:
  • Print a copy of the requisition
  • Fill out the top portion with your information eg. Name, address, phone number, date of birth, health card number.
  • Make an appointment at your local hospital lab, local private lab or Red Deer DynaLife Lab (https://www.dynalife.ca/) to have your bloodwork completed.
Submit a copy of your immunization information to the OHN (health.safety@rdpolytech.ca), keep an original copy for your records. Red Deer Polytechnic (RDP) does not retain immunization records beyond the completion of your program. RDP cannot provide you with copies of your immunization information. Please contact AHS Public Health or access My Health Alberta https://myhealth.alberta.ca/myhealthrecords if you require a replacement copy of your immunizations.

Individuals have the right to refuse immunization. The reasons for refusal may include medical, personal, and/or religious reasons.

However, students who do not receive recommended immunization(s):

- At the decision of the practicum agency and/or Alberta Health Services-Medical Officer of Health, may be excluded from certain placement sites thereby impacting their ability to complete their program of studies.
- At the decision of the practicum agency and/or Alberta Health Services-Medical Officer of Health, will be expected to leave their placement in the event of an outbreak of vaccine preventable disease for which they are not immunized or immune; and will not be allowed to return to the placement setting for the duration of the outbreak.
- At the decision of the placement agency and/or Alberta Health Services-Medical Officer of Health, may be required to wear appropriate personal protective equipment (PPE) if they decline the annual influenza immunization or other required immunizations.

A student’s choice not to immunize will be governed by the decision of the placement agency and/or Alberta Health Services-Medical Officer of Health, and if an outbreak is declared, students may be excluded from placements if they are not immunized or if they decline the annual influenza immunization.

If you wish to proceed with the immunization waiver form, please contact the Health Safety and Wellness Office at: Health.safety@rdpolytech.ca

FOIP Notification: Your personal information is being collected in accordance with the Freedom of Information and Protection of Privacy Act of Alberta, section 33(c). It is being collected for the purposes of ensuring health and safety requirements are met for clinical placements, to counsel or consult about immunization details, to communicate with and share information with practicum agencies, and to monitor and confirm your eligibility to participate in practicum experiences. The Occupational Health Nurse shares information to the Placement Office, to monitor and confirm eligibility to participate in practicum experiences. If you have any questions or concerns, please contact the Manager, Health Safety and Wellness Centre at health.safety@rdpolytech.ca
**IMMUNIZATION REQUIREMENTS**

Immunization standards are taken from Alberta Health Services *Immunization Program Standards #08.302. Rubella immunization or immunity is a legislated requirement* and *COVID-19 is a mandated requirement*. The other listed immunizations are strongly recommended for students in the following Red Deer Polytechnic programs: Bachelor of Science Nursing, Health Care Aide, Medical Laboratory Assistant, Occupational & Physical Therapist Assistant (OPTA), Pharmacy Technician, Practical Nursing, Unit Clerk.

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>IMMUNIZATION STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, Diphtheria</td>
<td>Primary series and booster every 10 years</td>
</tr>
<tr>
<td>Pertussis</td>
<td>One dose of acellular pertussis-containing vaccine (dTap) at age 18 years of age, regardless of interval since last dose of dTap.</td>
</tr>
</tbody>
</table>
| Measles | Two documented doses of measles-containing vaccine after 12 months of age regardless of year of birth  
**OR**  
Documented laboratory evidence of immunity |
| Mumps | Two documented doses of mumps-containing vaccine after 12 months of age regardless of year of birth. |
| Rubella | **Legislated requirement**  
One dose of rubella-containing vaccine after 12 months of age  
**OR**  
Documented laboratory evidence of immunity |
| Varicella (Chicken Pox) | Documented history of valid age appropriate varicella vaccine:  
Two doses with a minimum 3 month interval in between  
**OR**  
Two doses of varicella vaccine if negative or indeterminate IgG  
**OR**  
Documented laboratory evidence of immunity or physician diagnosis of shingles  
**OR**  
*STRONG history prior to 2001 of having chicken pox at 12 months of age or older, (this includes visible scars, strong recollection of disease, you have children that had chicken pox and you were not infected, or history of herpes zoster (Shingles). You can email Health.Safety@rdpolytech.ca stating how old you were when you had the chicken pox. (You do not need a documented record of this.)* |
| Hepatitis B AND Serology | **NOTE: Not required for OPTA, Unit Clerk**  
Hepatitis B Primary Series  
AND  
Documented laboratory evidence of immunity by HBs AB level >10  
Students not born in Canada or have lived abroad must contact the OHN for assessment prior to completing Hepatitis B Serology. |
| Tuberculosis | One-step tuberculin skin test (TST) within the last year.  
**OR**  
Chest x-ray if TST results are >10 mm or history of BCG.  
**NOTE:** Previous documented “Prior Positive” tuberculin skin test (TST) requires submitting documentation confirming latency of disease to the OHN. |
| ANNUAL INFLUENZA | One dose each year during flu season (available approximately mid-October). Email proof of immunization BEFORE November 30 to health.safety@rdpolytech.ca Keep your proof of immunization accessible during practicum. |
| COVID-19 | **This is a mandated requirement.** Please see “Package I: COVID-19 Immunization Requirements,” available at Health and Safety Requirements under the “Health and Safety Requirements” webpage. |
CANADIAN BORN STUDENTS LAB REQUISITION

Culture and Serology Requisition
Microbiology and Public Health

Provincial Laboratory for Public Health
University of Alberta Hospital
8440 - 112 Street, Edmonton, AB T6G 2J2
Phone: (780) 407-7121 Fax: (780) 407-3864

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Respiratory</th>
<th>Wound/Skin/Surgical</th>
<th>Gastrointestinal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Fluid</td>
<td>Blood</td>
<td>(Specify site)</td>
<td>Fecal</td>
</tr>
<tr>
<td></td>
<td>CSF</td>
<td>Skin scrapings</td>
<td>Emesis</td>
</tr>
<tr>
<td></td>
<td>Bone marrow</td>
<td>Tissue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urine</td>
<td>Wound Swab</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gastric washings</td>
<td>Biopsy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (*specify)</td>
<td>Bone chip</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>IV line</td>
<td></td>
</tr>
</tbody>
</table>

**Bacteriology**

- Bordetella pertussis
- Chlamydia trachomatis
- Clostridium difficile
- Culture / Sensitivity
- G C Screen
- Legionella culture
- Mycobacterium (TB) culture
- AFB smear only

**Molecular Diagnostics**

- Mycoplasma culture

**Parasitology**

- *Consult laboratory

**Virology**

- Fungus culture / exam
- Other (specify)

**Mycology**

- Culture and identification

**Virology**

- DFA
- Electron microscopy
- Other (specify)

**Serology**

**Viral**

- Hepatitis
  - HAV IgM
  - HAV IgG (Immunity)
  - HBV DNA
  - HBsAg
  - HBs Ab (Immunity)
  - Hbc Ab
  - Hbc IgM
  - Hbe Ag
  - Hbe Ab
  - HBe Ab
  - HCV Ab
  - HCV RNA RT-PCR
  - Other (specify)

**Bacterial**

- Miscellaneous
  - Streptococcal
    - Anti-DNase B
  - Syphilis
    - DFA-Tp
    - RPR
    - Syphilis Serology
    - VDRL
  - Other
    - (complete box A on reverse)
    - Brucella
  - Chlamydia pneumoniae
  - Chlamydia psittaci
  - Diphtheria
  - Francisella
  - Legionella
  - Leptospirosis
  - Lyme disease
  - Mycoplasma pneumoniae
  - Rickettsia
  - Tetanus
  - Yersinia
  - Other (specify)

**Fungal**

- (complete box A on reverse)

**Parasite Serology**

- Cysticercosis
- Echinococcosis
- Strongyloides
- Toxoplasma IgG
- Toxoplasma IgM
- Other (specify)
Box A – Patient History

Patient Status
☑ Normal ☐ Immunocompromised patient ☐ Antimicrobial / Antiviral in use
☐ Neonate ☐ Malignant disease
☐ Pregnant ☐ Organ transplant
☐ Injection drug user (IDU) ☐ Recent travel (country)
☐ Organ donor
☐ Other (specify) ☐

Please complete the following sections as the information provided determines which tests are performed.

Date of onset D D M M Y Y
Previous blood sent? ☐ Yes ☐ No

Box B – Rubella Serology

Immune status ☐ Yes ☐ No
Rash or other acute symptom(s) ☐ Yes ☐ No
Previous immunization ☐ Yes ☐ No
Unknown

Box C – Syphilis Serology

☐ Prenatal ☐ Suspect
☐ Visa ☐ Follow up
Previous Lab #:

Box D – Hepatitis

(Also complete Box A)

Previous hepatitis results

HAV IgG ☐ POS ☐ NEG
HAV IgM ☐
HBV ☐ specify ☐
HBsAg ☐
HCV Ab ☐ Yes ☐ No
Needlestick ☐
Other exposure ☐
Post-transfusion ☐
Hep. immunization ☐

Box E –
Specify Request(s)/Comments

Box F – Please indicate all conditions which apply

Clinical

Previous HIV test
☐ Positive
☐ Negative
☐ Never done
☐ Unknown
Date / Lab # of last HIV test ☐

☐ Symptoms suggestive of AIDS/HIV ☐ Opportunistic infections
☐ Kaposi’s sarcoma ☐ Other malignancies
☐ Other ☐

Non-Medical/Non-Public Health

(Third Party – separate fee applies)

☐ Visa
☐ Insurance
☐ Foreign pre-employment requirement
☐ Participate in research study

CH-0039(Rev2015-10)
### Internationally Born Students Lab Requisition Form

**Culture and Serology Requisition**
Microbiology and Public Health

<table>
<thead>
<tr>
<th><strong>PHN / Healthcare Number</strong></th>
<th><strong>Pt. Hosp. #</strong></th>
<th><strong>Lab Accession #</strong></th>
<th><strong>Copy to</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Address</td>
</tr>
</tbody>
</table>

**Address**

<table>
<thead>
<tr>
<th>City</th>
<th>Prov</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

**Chart #**

<table>
<thead>
<tr>
<th>Patient Phone #</th>
<th>Lab #</th>
</tr>
</thead>
</table>

**Ordering Physician/Practioner**

DR. SERENA CRUM

**Physician Code**

006785C

**Specimen Event Type**

IA: Auxiliary
IP: Inpatient
OP: Outpatient
AP: Ambulatory
HC: Home Care
ET: Staff
EN: Environ
WB: Worker’s Comp

**Bill Type**

CPL: Alberta Health Care

**Ordering Address/Location**

Red Deer Polytechnic, Box 5005

**Report Location Code**

RDC

**Specimen Type**

<table>
<thead>
<tr>
<th>Body Fluid</th>
<th>Respiratory</th>
<th>Wound/Skin/Surgical</th>
<th>Genital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone marrow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastric washings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (*specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Respiratory**

<table>
<thead>
<tr>
<th>Observation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Auger suction</td>
<td></td>
</tr>
<tr>
<td>Bronchial alveolar lavage</td>
<td></td>
</tr>
<tr>
<td>Bronchial washing</td>
<td></td>
</tr>
<tr>
<td>Bronchial brush</td>
<td></td>
</tr>
<tr>
<td>ETT</td>
<td></td>
</tr>
</tbody>
</table>

**Wound/Skin/Surgical**

<table>
<thead>
<tr>
<th>Observation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin scraping</td>
<td></td>
</tr>
<tr>
<td>Abscess</td>
<td></td>
</tr>
<tr>
<td>Aspirate</td>
<td></td>
</tr>
<tr>
<td>Biopsy</td>
<td></td>
</tr>
<tr>
<td>Bone chip</td>
<td></td>
</tr>
<tr>
<td>IV line</td>
<td></td>
</tr>
</tbody>
</table>

**Bacteriology**

<table>
<thead>
<tr>
<th>Organism</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bordetella pertussis</td>
<td></td>
</tr>
<tr>
<td>Chlamydia trachomatis</td>
<td></td>
</tr>
<tr>
<td>Clostridium difficile</td>
<td></td>
</tr>
<tr>
<td>Culture / Sensitivity</td>
<td></td>
</tr>
<tr>
<td>G C Screen</td>
<td></td>
</tr>
<tr>
<td>Legionella Culture</td>
<td></td>
</tr>
<tr>
<td>Mycobacterium (TB) culture</td>
<td></td>
</tr>
</tbody>
</table>

**Serology**

<table>
<thead>
<tr>
<th>Disease</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis</td>
<td>(complete box A and D on reverse)</td>
</tr>
<tr>
<td>HAV IgM</td>
<td></td>
</tr>
<tr>
<td>HAV IgG (IgM)</td>
<td></td>
</tr>
<tr>
<td>HBV DNA*</td>
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</tr>
<tr>
<td>HBsAg</td>
<td></td>
</tr>
<tr>
<td>HBsAb (IgM)</td>
<td></td>
</tr>
<tr>
<td>HbcAb</td>
<td></td>
</tr>
<tr>
<td>HbcAg</td>
<td></td>
</tr>
<tr>
<td>HBeAb</td>
<td></td>
</tr>
<tr>
<td>HCV Ab</td>
<td></td>
</tr>
<tr>
<td>HCV RNA RT-PCR*</td>
<td></td>
</tr>
<tr>
<td>Other (*specify)</td>
<td></td>
</tr>
</tbody>
</table>

**HIV**

Further information available on reverse side.

**Molecular Diagnostics**

**Parasitology**

<table>
<thead>
<tr>
<th>Organism</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ova and Parasites</td>
<td></td>
</tr>
<tr>
<td>Direct examination</td>
<td></td>
</tr>
</tbody>
</table>

**Virology**

<table>
<thead>
<tr>
<th>Observation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fungus culture / exam</td>
<td></td>
</tr>
<tr>
<td>Other (*specify)</td>
<td></td>
</tr>
</tbody>
</table>

**Mycology**

**Fungal**

<table>
<thead>
<tr>
<th>Observation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspergilus sp.</td>
<td></td>
</tr>
<tr>
<td>Blastomyces sp.</td>
<td></td>
</tr>
<tr>
<td>Coccidioides sp.</td>
<td></td>
</tr>
<tr>
<td>Histoplasma sp.</td>
<td></td>
</tr>
</tbody>
</table>

**Bacterial**

<table>
<thead>
<tr>
<th>Organism</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-DNase B</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
</tr>
<tr>
<td>Streptococal</td>
<td></td>
</tr>
</tbody>
</table>

**Other**

<table>
<thead>
<tr>
<th>Disease</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brucella</td>
<td></td>
</tr>
<tr>
<td>Chlamydia pneumoniae</td>
<td></td>
</tr>
<tr>
<td>Chlamydia psittaci</td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td></td>
</tr>
<tr>
<td>Francisella</td>
<td></td>
</tr>
<tr>
<td>Legionella</td>
<td></td>
</tr>
<tr>
<td>Leptospirosis</td>
<td></td>
</tr>
<tr>
<td>Lyme disease</td>
<td></td>
</tr>
<tr>
<td>Mycoplasma pneumoniae</td>
<td></td>
</tr>
<tr>
<td>Rickettsia</td>
<td></td>
</tr>
<tr>
<td>Tefanus</td>
<td></td>
</tr>
<tr>
<td>Yersinia</td>
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</table>

**Miscellaneous**

<table>
<thead>
<tr>
<th>Organism</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parvovirus B19 IgG</td>
<td></td>
</tr>
<tr>
<td>Parvovirus B19 IgM</td>
<td></td>
</tr>
<tr>
<td>Rabies</td>
<td></td>
</tr>
<tr>
<td>Rubella IgG</td>
<td></td>
</tr>
<tr>
<td>Rubella IgM (complete box B on reverse)</td>
<td></td>
</tr>
</tbody>
</table>

**Other**

<table>
<thead>
<tr>
<th>Disease</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brucella</td>
<td></td>
</tr>
<tr>
<td>Chlamydia pneumoniae</td>
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<td>Diphtheria</td>
<td></td>
</tr>
<tr>
<td>Francisella</td>
<td></td>
</tr>
<tr>
<td>Legionella</td>
<td></td>
</tr>
<tr>
<td>Leptospirosis</td>
<td></td>
</tr>
<tr>
<td>Lyme disease</td>
<td></td>
</tr>
<tr>
<td>Mycoplasma pneumoniae</td>
<td></td>
</tr>
<tr>
<td>Rickettsia</td>
<td></td>
</tr>
<tr>
<td>Tefanus</td>
<td></td>
</tr>
<tr>
<td>Yersinia</td>
<td></td>
</tr>
</tbody>
</table>

**Parasite Serology**

<table>
<thead>
<tr>
<th>Disease</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cystoisosporis</td>
<td></td>
</tr>
<tr>
<td>Echinococcus</td>
<td></td>
</tr>
<tr>
<td>Stronglyloides</td>
<td></td>
</tr>
<tr>
<td>Toxoplasma IgG</td>
<td></td>
</tr>
<tr>
<td>Toxoplasma IgM</td>
<td></td>
</tr>
</tbody>
</table>

**Comments**

**FAX RESULTS TO (403) 342-3303**

---

Complete patient information on reverse.
**Box A – Patient History**

- **Patient Status**
  - [X] Normal
  - [ ] Immunocompromised patient
  - [ ] Antimicrobial / Antiviral in use
  - [ ] Neonate
  - [ ] Malignant disease
  - [ ] Pregnant
  - [ ] Organ transplant
  - [ ] Injection drug user (IDU)
  - [ ] Recent travel (country)
  - [ ] Organ donor
  - [ ] Other (specify)

Please complete the following sections as the information provided determines which tests are performed.

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Previous blood sent?</th>
</tr>
</thead>
<tbody>
<tr>
<td>D D M M Y Y</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Signs and Symptoms (check and add where appropriate)**

- **General**
  - [ ] fever
  - [ ] weight loss
  - [ ] fatigue
  - [ ] night sweats
- **Rash**
  - [ ] macular
  - [ ] petechial / purpuric
  - [ ] papular
  - [ ] erythema multiforme
  - [ ] vesicular
  - [ ] ulcers
  - [ ] Other (specify)
- **Neurological and Musculoskeletal**
  - [ ] headache
  - [ ] seizures
  - [ ] myositis
  - [ ] confusion
  - [ ] arthralgia
  - [ ] encephalitis
  - [ ] arthritis
  - [ ] meningitis
  - [ ] myalgia
  - [ ] Other (specify)
- **Gastrointestinal**
  - [ ] nausea / vomiting
  - [ ] acute hepatitis
  - [ ] diarrhea
  - [ ] chronic liver disease
  - [ ] jaundice
  - [ ] Other (specify)
- **Genito-urinary**
  - [ ] hemorrhagic cystitis
  - [ ] Other (specify)
- **Hematologic**
  - [ ] hemolytic anemia
  - [ ] marrow aplasia
  - [ ] lymphadenopathy
  - [ ] thrombocytopenia
  - [ ] splenomegaly
  - [ ] Other (specify)
- **Miscellaneous**
  - [ ] conjunctivitis
  - [ ] effusion (site)
  - [ ] myocarditis
  - [ ] pericarditis
  - [ ] abortion
  - [ ] intrauterine growth retardation
  - [ ] Other (specify)

**Box B – Rubella Serology**

- **Immune status**
  - [ ] Yes
  - [ ] No
- **Rash or other acute symptom(s)**
  - [ ] Yes
  - [ ] No
- **Previous immunization**
  - [ ] Yes
  - [ ] No
  - [ ] Unknown

**Box C – Syphilis Serology**

- [ ] Prenatal
- [ ] Suspect
- [ ] Visa
- [ ] Follow up
- **Previous Lab #:**

**Box D – Hepatitis**

(Also complete Box A)

- **Previous hepatitis results**
  - [ ] HAV IgG
  - [ ] POS
  - [ ] NEG
  - [ ] HAV IgM
  - [ ] HBV
  - [ ] specify
  - [ ] HBsAg
  - [ ] HCV Ab
  - [ ] Needlestick
  - [ ] Yes
  - [ ] No
  - [ ] Other exposure
  - [ ] Post-transfusion
  - [ ] Hep. immunization

**Box E - Specify Request(s)/Comments**

**Box F - Please indicate all conditions which apply**

**Clinical**

- [ ] Previous HIV test
  - [ ] Positive
  - [ ] Negative
  - [ ] Never done
  - [ ] Unknown
- **Date / Lab # of last HIV test:**

- [ ] Symptoms suggestive of AIDS/HIV
  - [ ] Opportunistic infections
  - [ ] Kaposi’s sarcoma
  - [ ] Other malignancies
  - [ ] Other

**Non-Medical/Non-Public Health**

(Third Party – separate fee applies)

- [ ] Visa
- [ ] Insurance
- [ ] Foreign pre-employment requirement
- [ ] Participate in research study

CH-0039(Rev2015-10)
# Health Safety Wellness Center Consent to the Disclosure of Individually Identifying Health Information

AUTHORIZED BY THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP)

Email completed, signed form to: [health.safety@rdpolytech.ca](mailto:health.safety@rdpolytech.ca)

<table>
<thead>
<tr>
<th>Client Information</th>
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<tbody>
<tr>
<td><strong>Last Name</strong></td>
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<td><strong>Date of Birth:</strong></td>
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<td><strong>Program:</strong></td>
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I authorize my individually identifying health information related to my current immunization records and updates to be collected by the Occupational Health Nurse, if that information relates directly to and is necessary to enable the custodian to carry out a purpose that is authorized under section 33(c) of the Freedom of Information and Protection of Privacy Act. Section 33(c) permits a public body to collect personal information when that information relates directly to, and is necessary for, an operating program or activity of the public body.

This authorizes the Occupational Health Nurse to communicate with you about health and safety requirements, and share information with the Placement Office, to monitor and confirm the eligibility to participate in practicum experiences.

I understand why I have been asked to disclose my individually identifying information, and am aware of the risks of consenting, or refusing to consent, to the disclosure of my individually identifying information. I understand that I may revoke this consent in writing at any time.

I understand that I can contact the Manager of the Health, Safety Wellness Centre at [health.safety@rdpolytech.ca](mailto:health.safety@rdpolytech.ca) at any time if I have questions or concerns about the collection, use or disclose of my personal information.

**Dated** this ______ day of _____________, 20_______. This consent expires at the end of my program.

**Signature:** ___________________________________