

Nicola Valley Institute of Technology



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Student Immunization Record

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

DATE OF BIRTH (YY/MM/DD) ___/___/___ MEDICAL NO. _____

IMMUNIZATION INFORMATION

This document must be completed prior to practicum placement.

Diphtheria	Date of Immunization _____	Requirements: A basic series (2 or 3 injections plus booster 6-12 months later). A recall dose if more than 10 years since previous Diphtheria.
Tetanus	Date of Immunization _____	Requirements: A recall dose if more than 10 years since previous Tetanus.
Poliomyelitis	Date of Immunization _____	Requirements: A basic series of Polio (oral or injectable).
Hepatitis B Vaccine	Date of Immunization _____	Requirements: A series of 3 injections over 6 months.
Current Influenza	Date of Immunization _____	Requirements: Immunization must be done during the current flu season.
Measles/Mumps Rubella (MMR)	Date of Immunization _____	Requirements: Student's Rubella titre or IgG of greater than 10 is recommended for all women in childbearing years.
Tuberculin Dose 5.T.U. (0.1ml)	Date ___/___/___	Reaction _____ If positive, an x-ray will be required or assessment statement from your doctor or Public Health Office.

AUTHORIZATION INFORMATION

This is to certify that the above-named candidate has been immunized as requested above.

Signature _____ Date ___/___/___

Office Use Only

Name and Address of Agency

* Please submit completed form to the office of the Registrar at the address above.