

Faculty of Health Sciences
Department of Psychiatric Nursing
IMMUNIZATION FORM

Name: _____ Student Number: _____

Email: _____ Phone Number: _____

INSTRUCTIONS TO APPLICANTS:

highly recommended

PROOF OF IMMUNIZATIONS

(to be completed and signed by the Examining Physician/Nurse Practitioner)

KEEP A COPY OF ALL IMMUNIZATION DOCUMENTS FOR YOUR RECORDS

Student Name (Please Print)

Student Number

To the Applicant:

Copies of all original immunization and/or lab serology documents must be submitted along with the completed Immunization Record.

1. TETANUS-DIPHTHERIA-PERTUSSIS (Tdap) Vaccine

Category A:

Applicants who have received the Tetanus-Diphtheria-Pertussis primary series and booster immunizations and who can provide ALL documentation showing this:

Or Category B:

Applicants who did not receive their primary series with booster doses of Tdap or do not have access to their immunization

