

Placement Immunization Requirements

Last name: Grant First name: Benson
Date of Birth: 03/25/87 Program: BScN (Nursing)
Name of Placement Coordinator: Terri Cadeau

This health form needs to be filled out by a health care professional (nurse, nurse practitioner, doctor). The last section needs to be stamped ONLY when all requirements are met. Please submit this form to your placement coordinator. Loyalist College Health Centre can complete this form free of charge. Please contact healthcentre@loyalistcollege.com providing your full name and date of birth to book an appointment.

Tuberculosis

Students require an annual TB skin test. Students need proof of a previously completed 2-Step TB test. If it was done over 12 months ago, student needs a 1-step TB update done in the last 12 months. If you previously had a positive TB skin test, please submit a chest X-ray completed in the last 2 years. TB tests need to be given 1-3 weeks apart.

	Date inserted	Lot number/exp	Date read (48-72 hours)	Measurement/result
TB 1	<u>Oct 8/24</u>	<u>3CAU8C1</u>	<u>Oct 10/24</u>	<u>0MM</u>
TB 2	<u>Oct 16, 24</u>	<u>3CA48C1</u>	<u>Oct 18, 24</u>	<u>0MM</u>
TB update	<u>June 10/25</u>	<u>4CA07C2</u>	<u>June 12, 25</u>	<u>0MM</u>
Chest x-ray				

Signature of provider: [Signature]

Td Booster

Students require a Td booster within the last 10 years.

	Date Administered	Lot Number/Expiry
Td Booster	<u>Oct 10/2024</u>	<u>Adacel + IPV</u>

Signature of provider: [Signature]

Influenza

It is strongly suggested to get the influenza vaccine every year as some placements can deny access to unvaccinated people in case of an outbreak.

Name of vaccine	Date administered	Lot number

Signature of provider: _____

Completed by (I hereby confirm that this student meets all immunization requirements):

Provider's name and title: [Signature]

Signature: _____

Provider's name and title: _____

Signature: _____

Office Stamp:
Loyalist College Health Centre
376 Wallbridge Loyalist Rd. W
P.O. Box 4200
Belleville, ON K8N 5B9
613-969-1913 ext. 2374
Fax: 613-902-4520

Vaccination &
Immunization

Negative TB test
&

Measles, mumps, rubella
vaccines

For use in programs: Practical Nursing, Bachelor of Science in Nursing, Personal Support Worker, Paramedic, Massage Therapy, OTA/PTA, Social Service Worker, and Community and Justice Studies.

Student Name: Benson Grant Date of Birth: 03/25/87

Varicella

Student needs to provide proof of 2 varicella vaccines given during childhood. If only proof of one vaccine, student needs 1 booster given. If student does not provide any proof of vaccination against varicella, student will need bloodwork showing immunity. If no immunity is observed, student will need 2 doses given one month apart.

	Date	Lot number/expiry date
Varicella immunity status	2024-10-17	racku.
Varicella 1		
Varicella 2		

Provider Signature: [Signature]

Influenza

It is strongly suggested to receive the influenza vaccine every year as some placements may deny access to unvaccinated people in event of an outbreak (*mandatory for paramedics).

Name of vaccine	Date administered	Lot number
Flulaval	2024-10-23	MY3T2

Completed by:

Provider's name and title: [Signature]

Signature: [Signature]

Provider's name and title: _____

Signature: _____

I hereby confirm that this student meets all immunization requirement.

Office Stamp:
Loyalist College Health Centre
376 Wallbridge Loyalist Rd. W
P.O. Box 4200
Belleville, ON K8N 5B9
613-969-1913 ext. 2374
Fax: 613-902-4520

Vaccination & Immunization

Proof of varicella immunity & Flu shot

LIMS Report #: 54053143 Patient: GRANT, Benson
 Fax To: 613 902 4520 51 STICKLES RD
 Provider: KRISTINA SALOMON, RNEC TRENTON, ON K8V 5P8
 LOYALIST COLLEGE Patient Phone: 519 807 6431
 376 WALLBRIDGE LOYALIST ROAD
 PO BOX 4200
 BELLEVILLE, ON K8N 5B9
 Phone:

HIN: 7792747631
 Date of Birth: 1987-03-25 Gender: Male

Sample #: 24K01039371 (49623108) Date Collected: 2024-10-16
 Senders Sample ID: NA Date Onset:
 Source: Whole blood Date Received: 2024-10-17
 Testing Indications: Immune Status Date Reported: 2024-10-17
 Signs & Symptoms: Patient Setting: Clinic/Community
 Specimen Note:

Test	Result	Date Approved
Hepatitis B Surface Antibody	13.30 mIU/mL	2024-10-17
Hepatitis B Immune Status	Evidence of immunity	2024-10-17
<p>Note: Based on the WHO recommendation, an Anti HBs concentration of ≥ 10 mIU/mL is regarded as being protective against Hepatitis B virus infection. Results to be interpreted in the context of the clinical history, signs and symptoms of the patient. If Acute or Chronic Hepatitis B infection is suspected and testing has not been performed for other Hepatitis B serologic markers, then please contact customer service to request additional testing at 416-235-6556 (1-877-604-4567) within 6 days of specimen collection.</p>		
Varicella-Zoster IgG MFI	Reactive	2024-10-17
Varicella-Zoster Interpretation	Evidence of past infection/vaccination; Evidence of immunity.	2024-10-17
<p>Note: Results to be interpreted in the context of the clinical history, signs and symptoms of the patient.</p>		

The contents of this document are confidential and intended only for the use of the individual named as the "Provider". If you have received this information in error, please notify the PHO customer service centre by telephone at 1-877-604-4567 or 416-235-6556.

Vaccination & Immunization

Proof of hepatitis B immunity

**PATIENT
COPY**

Date 2025-Jun-12

RE: Benson Grant
1987-Mar-25

To whom it may concern,

Here is a summary of the immunization that we provided to this student;

Tubersol 0.1 ml ID

TB test implantation date and time: 10/08/2024 at 1340

TB test read date and time: 10/10/2024 at 1340

TB test implantation date and time: 10/16/2024 at 0925

TB test read date and time: 10/18/2024 at 1015

Lot# and expiry: 3ca48c2

measurement: 0mm

Lot# and expiry: 3ca48c2

measurement: 0mm

TB test implantation date and time: 06/10/2025 at 0955

TB test read date and time: 06/12/2025 at 1000

Lot # and expiry: 3ca07c2 01/2028

measurement: 0mm

TDAP-Polio : Adacel-polio lt#: w39452v

Administered on 10/10/2024

Vaccination & Immunization

Negative TB test

Sincerely,

Loyalist College Health Centre
Loyalist College Health Centre
376 Wallbridge Loyalist Rd. W
P.O. Box 4200
Belleville, ON K8N 5B9
P: 613-969-1913 ext. 2374
Fax: 613-902-4520

Anita Belfry



June 12/25