

# School of Pharmacy

## Immunization Record Form (MPharm)



UNIVERSITY OF WATERLOO  
FACULTY OF SCIENCE  
School of Pharmacy

### Notes to Physician/Health Centre:

Students are required to be immunized against the following diseases before they begin their practicum. This must be completed in order to meet the [post-admission requirements](#) set forth by the School of Pharmacy.

### Notes to Student:

If you are an **alumni of the University of Waterloo PharmD program**, please email [phrexper@uwaterloo.ca](mailto:phrexper@uwaterloo.ca) to confirm whether the immunization record form completed in year one as part of your post-admission requirements is still valid and whether parts of that form can be used toward completion of this requirement BEFORE completing this form.

When visiting a physician or health centre to complete this form, bring to your appointment the following:

- Your immunization information available through your family doctor, your yellow immunization card, or your Public Health record.
- Copies of titre bloodwork results that verify your immunity (if previously completed).

In some instances, individuals who have been immunized may receive titre results indicating non-immunity (known as vaccine non-responders). In this situation, please contact [phrexper@uwaterloo.ca](mailto:phrexper@uwaterloo.ca).

This immunization form must be completed, verified, and signed off by a healthcare professional.

**Please upload your completed form in your [CORE ELMS](#) account under the Requirements menu. Email [phrexper@uwaterloo.ca](mailto:phrexper@uwaterloo.ca) if you have any questions about completing this form.**

**STUDENTS WHO FAIL TO COMPLY WITH IMMUNIZATION AND DOCUMENTATION REQUIREMENTS MAY NOT BE PERMITTED TO PARTICIPATE IN A NUMBER OF ACADEMIC COURSE REQUIREMENTS AND AS SUCH ACADEMIC PENALTIES MAY APPLY.**

**STUDENTS WHO REQUIRE AN ACCOMMODATION MUST CONTACT ACCESSABILITY SERVICES AND NOTIFY THE SCHOOL'S ADMINISTRATIVE COORDINATOR, GRADUATE STUDIES & RESEARCH.**

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Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

<b>HEPATITIS B</b> (immunization dates AND titre are required)	<b>Date of 1<sup>st</sup> dose</b> (dd/mm/yy):	<b>Date of 2<sup>nd</sup> dose:</b>	<b>Date of 3<sup>rd</sup> dose (if appl.):</b>
	<b>Date of titre</b> (dd/mm/yy):	<b>Result</b> (check one):	<b>Level:</b>
		<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive	
<b>If Hepatitis B titre is non-reactive</b>	<b>Completion of second series?</b>	<b>Result</b> (check one):	<b>Level:</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive	

<b>MEASLES, MUMPS &amp; RUBELLA</b> (immunization dates OR titres are required)	<b>Date of 1<sup>st</sup> dose</b> (dd/mm/yy):		<b>Date of 2<sup>nd</sup> dose:</b>	<b>Date of booster (if appl.):</b>
		<b>Date of titre</b> (dd/mm/yy):	<b>Result</b> (check one):	<b>Level:</b>
	<b>Measles</b>		<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive	
	<b>Mumps</b>		<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive	
	<b>Rubella</b>		<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive	

<b>VARICELLA</b> (immunization dates OR titre are required)	<b>Date of 1<sup>st</sup> dose</b> (dd/mm/yy):		<b>Date of 2<sup>nd</sup> dose:</b>	
	<b>Date of titre</b> (dd/mm/yy):		<b>Result</b> (check one):	<b>Level:</b>
			<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive	

<b>TETANUS, DIPHTHERIA &amp; PERTUSSIS</b> (effective for 10 years)	<b>Previously immunized?</b> (check one):	<b>Date of last dose</b> (dd/mm/yy):	<b>Next booster due</b> (yyyy):
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>POLIO</b>	
<b>Date of primary series</b> (dd/mm/yy):	

<b>COVID-19</b>	<b>1st dose</b>	<b>2nd dose (if appl.)</b>
<b>Date received</b> (dd/mm/yy):		
<b>Name of vaccine:</b>		

<b>INFLUENZA</b> (strongly recommended)	
<b>Date last received</b> (dd/mm/yy):	

<b>Clinic/Health Centre Authorization:</b> (Name, address, and phone number where form was completed)		
<b>Healthcare Professional:</b>		
_____	_____	_____
(Print name)	(Signature)	(Date)

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Once students have finalized the location (site) of their first practicum, they must also complete a **two-step** Mantoux TB skin test **no more than 8 weeks before** the start date of their practicum. **EXCEPTIONS** include the following:

- If a student has a **documented** negative two-step Mantoux test, only a one-step Mantoux test is to be administered.
- If the student is known to be skin test positive, the Mantoux test is not recommended. Documentation of skin-test positive history and chest x-ray results must be submitted.

A chest x-ray should be completed if the student develops symptoms or is exposed to an active tuberculosis case.

TUBERCULIN TEST	Two-step TB skin test - Required unless previously completed or previously tested positive. If previously complete, indicate results below.		One-step TB skin test - Required if documented two-step more than 12 month ago.
	Step 1	Step 2	Step 1
Date of test (dd/mm/yy):			
Date read:			
Result (check one):	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Induration (mm):			
Chest x-ray date: (required if skin test positive):		X-ray results/notes:	

### Clinic/Health Centre Authorization:

(Name, address, and phone number where form was completed)

### Healthcare Professional:

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)