



CANADIAN PHARMACY PRACTICE PROGRAM (CP3) IMMUNIZATION REVIEW INSTRUCTIONS

This document outlines immunization tasks and timelines for CP3 students.

It is mandatory that students entering the CP3 Program complete an “*Immunization Review*” with UBC [Student Health Service](#) at least 4 months prior to undertaking their Structured Practical Training (SPT) practicum course. All UBC students are required to be fully compliant with current guidelines against vaccine-preventable diseases prior to undertaking a clinical, experiential practicum. UBC [Student Health Service](#) will screen for compliance with BC Guidelines that may include COVID-19, Tetanus/Diphtheria-Toxoid, Polio, MMR, Chickenpox and Hepatitis B, and TB skin test result (if the skin test is positive, a chest x-ray is required). Failure to complete this process will result in a student being ineligible for their experiential practicum.

Note: The cost of a basic immunization review completed at UBC Student Health Services is \$162 and will be covered by CP3 tuition fees. Additional recommended vaccines that are not required for practicum may be available to students at an added cost that is not covered by CP3 tuition fees.

Step 1: Find your Immunization Records – (after you have been accepted into the CP3 program)

- Search your childhood or current home for paper records, baby books or other childhood documents.
- Ask parents or other caregivers, current and previous family doctors (records are kept for a limited time).
- Check local and/or current public health units, elementary or secondary schools. To find a health unit near you, visit <https://www.immunizebc.ca/>.

Without a record of immunization (or proof of immunity to a disease), a person is considered unimmunized and unprotected and should generally be vaccinated (or revaccinated) to ensure protection. It is safe to repeat vaccines. You can also have your blood tested for antibodies to determine your immunity to certain diseases. Your health care professional can help you determine what is best for you.

Note: If your records are in a language other than English, please have them officially translated prior to your appointment with Student Health Service.

Step 2: Book your Immunization Review Appointments – a few weeks prior to the Program Start/Orientation

- Students residing in the BC Lower Mainland, Sunshine Coast or Vancouver Island:** Call UBC Student Health Services at 604.822.7011 to book your full Immunization Review, consisting of 2 appointments 2-3 days apart, in person at M334-2211 Wesbrook Mall, UBC Campus.

Note: *Appendix A is attached for your information. You do not need to bring it with you when attending your appointment in [UBC Student Health Services](#).*
- Students residing in the BC Interior, Out-of-Province, Out of Country:** If unable to undertake your Immunization Review in person during the Program Start/Orientation, please make an appointment with your local Health Care Professional (HCP) to review your records and **complete Appendix A** of the Immunization Review Form.
 - Kindly forward your local HCP-completed Immunization Review form and scanned copies of all prior immunizations and lab work in **one pdf document** by email to: studenthealth.inquiry@ubc.ca. UBC [Student Health Service](#) will contact you by phone if there are outstanding requirements needed to meet UBC/BC standards. The most secure way to send us any sensitive medical information electronically is by encrypted email.
 - See here (link to the document) for instructions on how to encrypt your file.

Note: *It is very important that you bring your childhood & adult immunization records to your appointments!*

For queries or information related to the Immunization Review Instructions or process, please contact the office of the Canadian Pharmacy Practice Program at ying.gu@ubc.ca.

Appendix A

Immunization Record Checklist

Part A – to be completed in full by Student

Surname	_____	Given Name	_____
Student ID	_____	Date of Birth	_____
Phone	_____	Email	_____
Rotation Period	_____	Rotation Site	_____
		(if available)	

Acknowledgment: I understand that the personal health information provided in this form shall be kept confidential and will be used by UBC's Faculty of Pharmaceutical Sciences, to which I apply only for the purpose of completing experiential rotations. The information provided will be used by the minimal number of individuals required at each experiential rotation to ensure that I meet its health standards or the ones of the relevant health authorities or clinical sites. I acknowledge that to the best of my knowledge the personal health information provided in this form is completely accurate. My signature below indicates that I have read, understood and agree to the above.

Student Signature	Date
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Part B – to be completed by Health Care Professional (HCP)

Health Care Professional Information

Surname	_____	Given Name	_____
Profession	_____	Telephone	_____
Address	_____	Fax	_____

Every health care professional who completes any part of this form must complete this section. HCP initials verify the HCP has either provided the service or the HCP has reviewed the student's adequately documented records. The item(s) documented must be within the HCP's scope of practices. Date are to be in the format "yyyy-mm-dd". HCP's signing below acknowledges they are not signing a form a student has previously completed.

Health Care Professional Signature	Date
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COVID-19: 2 doses of COVID-19 vaccination are required.	HCP INITIALS
COVID-19 #1 Date _____ COVID-19 #2 Date _____	
TETANUS/DIPHTHERIA AND PERTUSSIS: Childhood series of 5 doses (or 4 if the 4th dose is administered after your 4th birthday) or an adult series of 3 doses (at 0-1-7 months apart) & a Tetanus booster within the last 10 years. (Note: A Tetanus vaccine with Pertussis is highly recommended.)	
Primary Series Completed (Childhood or Adult) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Booster required every 10 years (Adacel recommended): Booster: _____ Vaccine: _____ Date: _____ Booster: _____ Vaccine: _____ Date: _____ Adult Primary Series is required if history of inadequate immunity: Adult Series #1: _____ #2: _____ #3: _____	
POLIO: Childhood series of 5 doses (or 4 if the 4th dose is after your 4th birthday) or adult series of 3 doses (at 0-1-7 months); Adult booster dose is recommended.	
Primary Series Completed (Childhood or Adult) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adult Primary Series is required if history of inadequate immunity: Adult Series #1: _____ #2: _____ #3: _____ Booster: _____ Vaccine: _____ Date: _____	
MEASLES, MUMPS AND RUBELLA: <u>SEROLOGY IS NOT ACCEPTED</u> by Health Authorities	HCP INITIALS

MMR #1 Date	MMR #2 Date	
Other Vaccinations:		
VARICELLA ZOSTER (CHICKEN POX): Serology proving immunity (anti-VZV IgG) OR two doses of VZV vaccine if negative serology.		
Serology: Date:	Results: Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/>	
OR		
Varicella #1 Date:		
Varicella #2 Date:		
HEPATITIS B: Childhood or adult series of three doses <u>AND</u> serology.		
Primary Series Completed (Childhood or Adult) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dose #1 Date	Dose #2 Date	Dose #3 Date
Hepatitis B Surface Ag Date:	Results: Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/>	
Hepatitis B Core Date:	Results: Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/>	
Hepatitis B Surface Ab Titre Date:	Results: mIU/ml	
TUBERCULOSIS SCREENING: TB skin test is required within <u>6 months of the start of your clinical placement</u> , regardless of history of BCG. The TB skin test must not be done within 4 weeks of MMR or VZV vaccine		
Date Planted:	Date Read:	Result: mm Induction:
		Pos <input type="checkbox"/> Neg <input type="checkbox"/>
If positive TB skin test CXR required: Date:		Results:
COMMENTS		

Part C - Office Use Only

Received by	Date Received
Immunization Requirements Met	
<input type="checkbox"/> Yes <input type="checkbox"/> No	