



Immunization Record - Medical Students Studying In Canada

All titre tests and immunization records MUST be attached, a photocopy is acceptable

Name _____

Date of Birth (mm/dd/yy) _____

Vaccine	Requirements	Results
Measles, Mumps & Rubella	Documented proof of vaccination Or Serological evidence of immunity	Date of 1 st MMR _____ Date of 2 nd MMR _____ OR Rubella titre – Reactive/Non-Reactive Measles titre – Reactive/Non-Reactive
Polio	Documented proof of primary series	Primary series (> or = 3 doses) Yes _____ No _____ Date _____
Varicella (Chicken Pox)	Serological evidence of immunity Or 2 doses of Varicella vaccine	Chickenpox titre Result _____ Date _____ Vaccine Date: Dose #1 _____ Vaccine Date: Dose #2 _____
Influenza	Documented proof of immunization	Date of immunization _____
Tetanus, Diphtheria Pertussis	Serological evidence of primary series of 3 – 5 doses Booster series recommended every 10 years (Td, TdP or Tdap)	Date of primary series _____ Date of last Td or TdP or Tdap _____
Hepatitis B	Series of three doses followed by an antibody check Serological evidence of Hbs test - levels must be higher than 10 IU/ml	Dates of vaccination 1 st _____ 2 nd _____ 3 rd _____ Anti Hbs Level _____
Tuberculin Skin Test	Single baseline skin test needs to be done within the last 12 months Chest xray if positive	Date of _____ Mm of induration _____ CXR Date _____ Result _____

I verify the above information to be accurate:

Print Name of Physician/Nurse: _____

Signature of Physician/Nurse: _____ Date _____