

Important Immunization Information for Medicine Students

Have this form completed and signed by a healthcare professional and upload it to the Faculty of Medicine and Health Sciences (FMHS) Immunization verification service by the date indicated in your Conditions of Admission document. If you are aware that you do not have or are missing formal proof for certain immunizations or tests, submit what you have available by the deadline and add a page indicating the appointment dates for completing or repeating these elements. Do not submit documents by e-mail or via Minerva for security reasons. Please keep all originals for your records.

The form can be completed by a licensed healthcare professional authorized to provide vaccinations, for example, your family physician, a nurse at your local clinic (in Quebec: CLSC), or a pharmacist who offers vaccination services. Forms cannot be completed by you (the student), or by a family member who is a healthcare provider. Be sure to bring all your supporting immunization documentation (including your vaccination booklet, records of previous immunizations, etc.) to assist the provider. They can schedule you for any missing vaccinations at the same time. If you are not able to access a healthcare professional, please upload scans of all original records.

Most Association of Faculties of Medicine of Canada (AFMC) member schools have additional harmonized requirements for medical students who take visiting elective courses in Canada in 3rd year. The AFMC Student Portal streamlines the application process, and many McGill students apply for these electives each year. We therefore strongly recommend that new MDCM students provide proof of meeting all the AFMC requirements –see the additional notes in this document. This will save time later when you need to have the AFMC immunization form completed with your elective application, although some additional test requirements for specific universities can only be done closer to the elective application period. See <https://afmcstudentportal.ca/immunization/>

The minimum requirement to enter clinical environments within Quebec is compliance with the [Protocole d'immunisation du Québec \(PIQ\)](#). (French only). You will need to obtain or re-do immunizations you are missing or can't show proof of to meet the PIQ requirements. A list of public and private providers is found on the Newly Admitted MDCM students webpage. Note that a fee may apply for any immunizations additional to PIQ requirements that you would like to receive to meet the AFMC standards.

Important McGill policies

1. UGME Immunization policy: www.mcgill.ca/ugme/policies-procedures/infection-control-immunization
2. Required reporting for students known to be Infected with Blood-Borne Viruses (i.e. Hepatitis B, Hepatitis C, HIV) www.mcgill.ca/ugme/policies-procedures/infection-control-immunization/blood-borne-virus-infections

Information on Specific Tests and Vaccines

1. Tetanus, diphtheria and pertussis

- Provide dates of your childhood vaccines
- If you do not have documentation for your childhood immunizations (booklets with dates), you must be revaccinated following the adapted schedule as outlined on the immunization form
- No booster dose is required before the age of 50 if the primary vaccination is completed

2. Polio

- Systematic vaccination of adults, including healthcare workers and interns, is not necessary in Quebec. The risk of exposure to the polio virus in North America is minimal.
- Polio booster is not required unless the student is at increased risk of exposure to "wild" polio (e.g., those travelling to, or planning to work in areas that have wild polio or vaccine-derived polio outbreaks)

3. Measles

One of the following items is required:

- Students born before 1970 are considered immune
- Documented evidence of vaccination with two doses of measles containing vaccine, given at least a month apart starting on or after the first birthday
- Documented history of the disease before January 1st, 1996
- Documentation of positive measles serology** (attach results)

4. Mumps

One of the following items is required:

- Students born before 1970 are considered immune
- Documented evidence of vaccination with one dose of mumps containing vaccine
- Documentation of positive mumps serology** (attach results)

5. Rubella

One of the following items is required:

- Documented evidence of vaccination with one dose of Rubella containing vaccine
- Documentation of positive Rubella serology** (attach results)

If serology results are negative to one or more of these 3 infections, a booster with a trivalent vaccine (MMR) is required.

Pre-test serological testing for measles, mumps and rubella is not recommended, nor is the cost covered in Quebec. Students without written proof of vaccination should be vaccinated. Post testing following vaccination is also not recommended.

6. Varicella

One of the following items is required:

- A history of previous illness
- Documented evidence of 2 doses of varicella vaccine (attach document)
- Documentation of a positive varicella serology is required (attach document)

If you do not meet the above criteria, you must receive the vaccines (2 doses at least a month apart). No blood test is required after the vaccination. The CIQ recommends a total of 2 doses for interns and healthcare workers newly hired in the Quebec healthcare system.

7. Hepatitis B

- Proof of vaccination: Complete series of 2-3 vaccines. If no documented proof of vaccination, proceed with the vaccination series. Serology before vaccination is not recommended nor is it covered in Quebec.
- Serology is required if most recent dose was given in the last 1-6 months. It is not required if last dose of Hepatitis B vaccine was given more than 6 months ago.
- In a case of accidental exposure to blood and/or body fluid a post exposure, evaluation is recommended.
- Serology for Hepatitis B surface Antibody must be drawn 1 to 6 months

after the last dose and show protective levels (anti-HBs \geq 10 mIU/ml).

- If anti-HBs is \leq 10 mIU/ml or absent, revaccinate with a single dose AND recheck for Hepatitis B surface Antibody and antigen 1 to 2 Months post vaccination. If anti- HBs \geq 10 mIU/ml no further action is required. If anti-HBs is \leq 10 mIU/ml or absent continue with the second and third dose with the appropriate schedule AND recheck for Hepatitis B surface Antibody 1 to 2 months post vaccination.
- Students found to have a chronic hepatitis B infection or to be a carrier (hepatitis B surface antigen positive - HBsAg) must consult their faculty's program coordinator.
- Students found to be a non-converter after the second series of vaccines must consult their faculty's program coordinator.

8. Tuberculosis:

A two-step Mantoux is required ONLY for students answering YES to one of the following:

1. Born In Canada before 1976
 2. Born outside of Canada
 3. Received the BCG vaccine
 4. Known exposure/ contact with active tuberculosis
 5. Has travelled 3 months or more cumulative time outside of the following countries: Canada, United States, Australia, Western Europe (Germany, Austria, Belgium, Denmark, Finland, France, Greece, Ireland, Italy, Luxembourg, Norway, Netherlands, United Kingdom, Sweden, Switzerland) and the West Indies (except Haiti and the Dominican Republic, which are high incidence)
- The second TST is to be performed 7 days to 1 year after the first step provided there was no exposure to Mycobacterium tuberculosis during the past year.
 - All TST must be read 48-72 hours after administration by a trained healthcare worker. Self-reading of TST is not accepted
 - The reading must be recorded in millimeters of induration NOT "positive" or "negative".
 - If you have a documented previous 2-step TST you will only require a 1-step TST done within the last 12 months.
 - If the first test is positive or you have had a positive test in the past, do not proceed with another test. Instead, you should be referred for a chest x-ray and for a consultation with a respirologist. Be sure to include a chest x-ray and report with your forms.
 - An Interferon-gamma released assay (IGRA), either QuantiFERON or T-SPOT.TB assay, performed within the year will be accepted instead of a TST.

9. Influenza

- The seasonal influenza vaccine is required annually for medical students. Report the last vaccination if one was received prior to starting medical school. New students are responsible for obtaining the influenza vaccine when it becomes available to healthcare providers: www.quebec.ca/en/health/advice-and-prevention/vaccination/flu-vaccination-program Retain this proof for your own records, it may be requested at a later date.

10. COVID-19

- COVID-19 vaccination is required for medical students. Proof of vaccination must also be uploaded separately, directly to the FMHS Immunization verification service. Requirements: See Directive sur les modalités du décret concernant la vaccination et le dépistage obligatoire des intervenants de la santé et des services sociaux ainsi que l'accès des autres personnes aux milieux visés (Official version in French only <https://publications.msss.gouv.qc.ca/msss/document-003350/> (March 24, 2022 version -always refer to most recent revision in French). Unofficial English translation provided as a courtesy: <https://www.mcgill.ca/medadmissions/file/1732>)

Name:			
DOB:		ID#:	

1-2. PRIMARY SERIES DPT-POLIO

		Date
2 months	<input type="checkbox"/> Sabin <input type="checkbox"/> Salk <input type="checkbox"/> Other	
4 months	<input type="checkbox"/> Sabin <input type="checkbox"/> Salk <input type="checkbox"/> Other	
6 months	<input type="checkbox"/> Sabin <input type="checkbox"/> Salk <input type="checkbox"/> Other	
18 months	<input type="checkbox"/> Sabin <input type="checkbox"/> Salk <input type="checkbox"/> Other	
4-6 years	<input type="checkbox"/> Sabin <input type="checkbox"/> Salk <input type="checkbox"/> Other	
D2T5 or Tdap 14-16 years	<input type="checkbox"/>	
Booster	<input type="checkbox"/>	

Optional-to meet AFMC requirements:

One dose of pertussis must be after 18 years of age, even if not due for a booster: _____

Proof of polio vaccination must be documented if not included above: _____

3. MEASLES

One of the following items is required for evidence of immunity

<input type="checkbox"/> Measles Vaccine (2 doses, min. 1 mth apart)	Date: _____	Date: _____
<input type="checkbox"/> Documented history of the disease before Jan 1st 1996		
<input type="checkbox"/> Documentation of positive measles serology (attach report)		
<input type="checkbox"/> Born prior to 1970		

4. MUMPS

One of the following items is required for evidence of immunity

<input type="checkbox"/> Mumps Vaccine (1 dose)	Date: _____
<input type="checkbox"/> Documentation of positive mumps serology (attach report)	
<input type="checkbox"/> Born prior to 1970	

Optional-to meet AFMC requirements:

2nd dose of Mumps vaccine required, indicate if available: _____

5. RUBELLA

One of the following items is required for evidence of immunity

<input type="checkbox"/> Rubella Vaccine (1 dose)	Date: _____
<input type="checkbox"/> Documentation of positive rubella serology (attach report)	

ADAPTED VACCINATION SCHEDULE FOR STEPS 1-5

If no vaccination records are available, vaccinate according to this schedule

FIRST VISIT (NOW)		SECOND VISIT (in 1-2 months)		THIRD VISIT (in 8 months)	
VACCINE	DATE	VACCINE	DATE	VACCINE	DATE
Tdap		D2T5		D2T5	
MMR		MMR			

6. VARICELLA (CHICKEN POX)

One of the following items is required for evidence of immunity

<input type="checkbox"/> A history of previous illness	Date: _____	
<input type="checkbox"/> Documentation of positive varicella serology (attach report)		
<input type="checkbox"/> Varicella Vaccine (2 doses)	<u>VACCINE</u>	<u>DATE</u>

7. HEPATITIS B

<u>PRIMARY VACCINATION SERIES</u>	<u>VACCINE</u>	<u>DATE</u>
FIRST DOSE	<input type="checkbox"/> Hep B <input type="checkbox"/> Twinrix	
SECOND DOSE	<input type="checkbox"/> Hep B <input type="checkbox"/> Twinrix	
THIRD DOSE (if indicated)	<input type="checkbox"/> Hep B <input type="checkbox"/> Twinrix	
<u>SEROLOGY (if primary vaccination series completed in the last 6 months)</u>		
Anti-HBs (attach report)	Value: _____	<input type="checkbox"/> POS <input type="checkbox"/> NEG
If serology not indicated, please specify why: _____		
<u>BOOSTER VACCINATION SERIES</u>	<u>VACCINE</u>	<u>DATE</u>
FIRST HEP B BOOSTER		
SECOND HEP B BOOSTER		
THIRD HEP B BOOSTER		
<u>SEROLOGY (1-2 MONTHS FOLLOWING A BOOSTER DOSE (IF APPLICABLE))</u>		
Anti-HBs (attach report)	Value: _____	<input type="checkbox"/> POS <input type="checkbox"/> NEG
Anti-HBs (attach report)	Value: _____	<input type="checkbox"/> POS <input type="checkbox"/> NEG
HepB Surface Antigen		<input type="checkbox"/> POS <input type="checkbox"/> NEG

Optional -to meet AFMC requirements

Hep-B serology is required for medical students when applying to 3rd year elective courses at other Canadian medical schools. Please indicate Hep-B serology results (both Anti-HBs and HepBsAg) above if available at admission to facilitate this process.

8. TWO-STEP TUBERCULOSIS SKIN TEST (TST)

A two-step Mantoux is required ONLY if YES is selected for one of the following:

Born in Canada before 1976	<input type="checkbox"/> Y <input type="checkbox"/> N
Born outside Canada	<input type="checkbox"/> Y <input type="checkbox"/> N
Received the BCG vaccine (if yes, specify date: _____)	<input type="checkbox"/> Y <input type="checkbox"/> N
Known exposure/contact with active tuberculosis	<input type="checkbox"/> Y <input type="checkbox"/> N
Has travelled 3 months or more cumulative time outside the following countries: Canada, United States, Australia, Finland, Germany, Austria, Belgium, Denmark, France, Greece, Ireland, Italy, Luxembourg, Norway, Netherlands, United Kingdom, Sweden, Switzerland, Antilles (Caribbean except Haiti and Dominican Republic)	<input type="checkbox"/> Y <input type="checkbox"/> N

If a TST is indicated, and a two-step test is already documented then only a one-step test is required

<u>TST Test</u>	<u>Date Planted</u>	<u>Date Read</u>	<u>Result in mm (Induration)</u>
Test #1			
Test #2			
One-Step Test			

An IGRA within the last year can replace a TST

Date: _____ QuantIFERON _____ T-SPOT.TB assay Result: _____

If the induration is \geq than 10 mm (or if a significant TST result is already documented) a chest x-ray and a consultation with a respirologist (MD) is required. Be sure to attach a copy of the x-ray and respirologist report to this form.)

<u>Date</u>	<u>Name of Specialist</u>	<u>Result</u>	<u>Period of INH Treatment</u>

Optional -to meet AFMC requirements

Documentation of TB status is required for all students for AFMC electives. Please indicate results above if available (TST, and/or other reports for prior history of TB) see: <https://afmcstudentportal.ca/immunization/>

9. INFLUENZA

Most recent annual influenza vaccination, if available. (required at admission only if during influenza season November-March.)

<u>VACCINE</u>	<u>DATE</u>

10. COVID-19

Note-Original records of COVID-19 vaccination to be uploaded separately.

<u>VACCINE</u>	<u>DATE</u>

ATTESTING SIGNATURE

I hereby attest that this document has been completed to the best of my knowledge based on information and supporting documentation provided for review. My initials verify the I have either provided the service or reviewed the student's adequately documented records; immunization documents based on estimated dates or verbal histories must not be counted. The item(s) documented are within my scope of practice. I confirm that the student has not completed this form.

Clinician's Name: _____ Date: _____

Clinician's Signature: _____ License Number: _____

Profession: _____ Clinic Phone Number: _____

Clinic Address: _____

If multiple healthcare providers validate parts of this form, please print additional copies of this page, complete the attesting signature block, and initial each verification separately.