

Faculty of Health Sciences  
Department of Psychiatric Nursing  
IMMUNIZATION FORM

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

INSTRUCTIONS TO APPLICANTS:

highly recommended



PROOF OF IMMUNIZATIONS

*(to be completed and signed by the Examining Physician/Nurse Practitioner)*

KEEP A COPY OF ALL IMMUNIZATION DOCUMENTS FOR YOUR RECORDS

Student Name (Please Print)

Student Number

To the Applicant:

*Copies of all original immunization and/or lab serology documents must be submitted along with the completed Immunization Record.*

1. TETANUS-DIPHTHERIA-PERTUSSIS (Tdap) Vaccine

Category A:

Applicants who have received the Tetanus-Diphtheria-Pertussis primary series and booster immunizations and who can provide ALL documentation showing this:

\_\_\_\_\_

Or Category B:

Applicants who did not receive their primary series with booster doses of Tdap or do not have access to their immunization

