

MEMORANDUM

January 19, 2009

To: Students Applying to Faculty of Dentistry and School of Dental Hygiene Programs

From: Dr. B. Cleghorn
Director of Clinics, Faculty of Dentistry, Dalhousie University

Re: Immunization/CPR Requirements and Process

The Faculty of Dentistry is committed to protecting and maintaining the rights of patients and health care workers and the integrity of the educational process of dental professionals. All programs in the Faculty of Dentistry and the School of Dental Hygiene require students to provide direct patient care. A Policy on Students and Student Applicants with Infectious Diseases has been implemented. A copy can be viewed on the Faculty of Dentistry website (www.dentistry.dal.ca).

Acceptance into all programs within the Faculty of Dentistry and the School of Dental Hygiene is normally conditional upon receipt of a completed Immunization/CPR Record, indicating compliance with the Faculty of Dentistry Policy on Students and Student Applicants with Infectious Diseases. First year students are expected to have this requirement completed prior to entering Faculty of Dentistry and School of Dental Hygiene programs.

The Immunization/CPR Record must provide evidence of the following completed immunizations and demonstrated immunity.

DOCUMENTED TESTS AND IMMUNIZATIONS

1. Diphtheria/Tetanus
Document most current dose of diphtheria/tetanus (Td) or diphtheria-tetanus-acellular pertussis (Tdap) within the last 10 years.
2. Polio
Document last dose of primary course of poliovirus vaccine. Adults (>18 years) who have completed the primary series of IPV or OPV do not require a booster.

3. German Measles (Rubella)
Document 2 doses of vaccine after age 12 months or antibody titre results (blood test) indicating immunity.
4. Measles (Rubeola)
Document 2 doses of vaccine after age 12 months or antibody titre results (blood test) indicating immunity.
5. Mumps
Document 2 doses of vaccine after age 12 months or antibody titre results (blood test) indicating immunity.
6. Varicella (Chicken Pox)
Document 2 doses of the vaccine or a self-reported history of the disease. If you are unsure of whether or not you have had varicella, you may submit antibody titre results (blood test) documenting immunity.
7. Hepatitis B or A/B
Note: The Hepatitis B or A/B series takes 4 to 6 months to complete. If you have not had the vaccine, you should begin the process immediately to comply with this requirement.

Document 3 doses of the vaccine **and** antibody titre results (blood test) indicating immunity.

If post-HB vaccination antibody test results have not been completed at the time of acceptance, at a minimum, the applicant must provide blood test results demonstrating an absence of, or a HB viral load $< 10^3$ genome equivalents/ml for acceptance into the program.

Any student who has not developed immunity must sign a waiver agreeing to serological testing and receive further immunizations as appropriate.

Applicants whose immunization results indicate that they are HBsAg positive and have a viral load $>10^3$ genome equivalents/ml will not be accepted into the program. Dalhousie University will reassess eligibility for admission should the applicant's status change.

Students who become HBeAg positive or those whose viral load exceeds 10^3 genome equivalents/ml during the course of their studies will be removed from patient care activities. Such modification of the clinical program could prevent a student from meeting graduation requirements.

8. Influenza
Document proof of most recent annual influenza inoculation.

9. 2-Step Mantoux (PPD) test

The Faculty Dentistry will provide this test to students, during the first week of study.

Students, who choose to receive the test on their own, must provide documentation of the 2-step Mantoux test. This test involves placement of a purified protein derivative (PPD) to test for tuberculosis. It must be read 48-72 hours after placement and the area of induration recorded.

A second PPD test is required 2 weeks after the first test.

Students, who have had a positive Mantoux test, must include a copy of the results of the follow-up chest x-ray.

PROCESS REQUIRED TO OBTAIN DOCUMENTATION

- Take the Immunization/CPR Record which follows, to your health care provider to complete. A health care provider is defined as a physician, nurse practitioner, physician's assistant, and registered nurse.
If the information is coming from multiple providers, use a separate Immunization/CPR Record for each provider. Download as many copies of the form as you need.

Some students may have difficulty finding their medical records; in these cases, an antibody titre (blood test) must be drawn to document immunity.

- **The cost of immunizations and tests are the sole responsibility of the applicant.**
- **Note: Do not forward your completed Immunization/CPR Record until you have received notification of your acceptance into one of the Faculty of Dentistry programs.**
- **Submitting the Immunization/CPR Record does not indicate that you are in compliance with the requirements. A review and verification of the Immunization/CPR Record will be conducted and students will be advised of deficiencies.**

CPR/AED Certification

A copy of certification in CPR (Level C) including the use of an Automatic External Defibrillator, must accompany the Immunization/CPR Record. Certification is valid if obtained within the past 12 months.

Last Name		First Name		Middle Initial
Banner ID #	Birth Date (DD/MM/YY)		Degree Program or Position	
Mailing Address			Email	Phone #

This section to be completed and signed by your physician:

Required Immunization	Dates Immunization Received (DD/MM/YY) <i>If immunization records are not known, antibody titres are required.</i>			Antibody Titre Results*	Laboratory Diagnosed History of Disease
				OR →	
Diphtheria/Tetanus (Td) or Diphtheria/Tetanus/acellular Pertussis (TdaP) 1 dose within past 10 years	Dose 1				
Polio (IPV) Primary Course	Dose 1				
German Measles (Rubella) 2 doses after age 12 months	Dose 1	Dose 2			
Measles (Rubeola) 2 doses after age 12 months	Dose 1	Dose 2			
Mumps 2 doses after age 12 months	Dose 1	Dose 2			
Varicella (Chicken Pox) 2 doses	Dose 1	Dose 2	OR history of chicken pox		
Hepatitis B or A/B Series of 3 doses	Dose 1	Dose 2	Dose 3	Required	
Influenza					

* Copies of antibody titre results must accompany this form.

Physician Signature: _____

Date: _____

Immunization / Screening Administered by Dalhousie University		
PPD (Tuberculosis Screening) 2-Step Mantoux	Step 1	Induration
	Step 2	Induration
<p>If there is a documented prior positive TST, previous treatment for active TB, or previous treatment for latent TB, a TST is not required. Medical evaluation and a chest X-ray within 1 year are required.</p> <p>Date of Chest X-ray: ___ / ___ / ___. Please attach copies of chest X-ray report. DD MM YY</p>		

CPR / AED Certification (Renewed every 2 years). Copy of certification must accompany this form.		
Year 1	Year 3	Year 5

Health Clearance		
Approved:		Deficiencies:
Not Approved:		

Return Completed form to: Infection Control Officer, Faculty of Dentistry, Dalhousie University, 5981 University Avenue, Halifax, NS B3H 1W2. Forms may also be faxed to 902-494-1757. For questions regarding this form, please call Ms. Cathy MacLean @ 902-494-1673.