

# Communicable Disease Surveillance (CDS) Form



# Niagara College

Dental, Early Childhood Education,  
Personal Support Worker and Nursing

The Communicable Disease Protocols require that hospitals and community placements must have documented proof of immunization and/or history of specific communicable disease for all persons.

Health, Wellness  
and Accessibility  
Services

PLEASE ENSURE YOUR NAME IS ON BOTH PAGES OF CDS FORM

## Section 1: To be Completed by Student

Name: \_\_\_\_\_

Student N<sup>o</sup>: \_\_\_\_\_

Program: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH YEAR

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

DAY MONTH YEAR

The information given below is true to the best of my knowledge and I authorize the release of this information to any  
Niagara College placement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Section 2: To be Completed by Health Professional (required)

**2.1 TUBERCULOSIS:** Documentation of a two-step tuberculin skin test is required regardless of BCG vaccination.

An initial tuberculin skin test is given, and must be read between 48 to 72 hours later and recorded in mm of induration. If this test is 0-9mm of induration, a second test is given in the opposite arm at least one week and no more than four weeks after the first TB test, and must be read between 48 to 72 hours later and recorded in mm induration. If it has been more than 12 months since the two-step TB test, a one-step TB skin test is also required, and documentation of the previous two step is required.

**NOTE:** If the student has previously tested Positive (10mm or greater) please enter the following:

Date of Positive Test: \_\_\_\_\_ Result: \_\_\_\_\_ mm induration Physician/NP Signature: \_\_\_\_\_

DD/MM/YYYY

**TUBERCULIN SKIN TESTING: TWO STEP MUST BE COMPLETED / RESULTS MUST BE RECORDED IN mm INDURATION.**

Step 1: Date Given: \_\_\_\_\_

Given By: \_\_\_\_\_

DD/MM/YYYY

Date Read: \_\_\_\_\_

Read By: \_\_\_\_\_

Result: \_\_\_\_\_ mm induration

DD/MM/YYYY

Step 2: Date Given: \_\_\_\_\_

Given By: \_\_\_\_\_

DD/MM/YYYY

Date Read: \_\_\_\_\_

Read By: \_\_\_\_\_

Result: \_\_\_\_\_ mm induration

DD/MM/YYYY

If it has been more than 12 months since the two-step TB test (recorded above), a one-step TB update test is also required.

Update: Date Given: \_\_\_\_\_

Given By: \_\_\_\_\_

DD/MM/YYYY

Date Read: \_\_\_\_\_

Read By: \_\_\_\_\_

Result: \_\_\_\_\_ mm induration

DD/MM/YYYY

**NOTE:** Persons who are tuberculin positive (10mm or greater) must have a chest x-ray completed and a copy must be attached to this form.

Date of Chest X-Ray: \_\_\_\_\_ Result: \_\_\_\_\_ Physician/NP Signature: \_\_\_\_\_

DD/MM/YYYY

**2.2 TETANUS DIPHTHERIA & PERTUSSIS:** Vaccination Record must be attached.

Date within the last 10 years: \_\_\_\_\_ Name of Vaccine: \_\_\_\_\_ Physician/NP Signature: \_\_\_\_\_

DD/MM/YYYY

\*Adult Health Care workers regardless of age, should receive a single dose of tetanus diphtheria acellular pertussis vaccine (Tdap) for pertussis protection if not previously received in adulthood. The adult dose is in addition to the routine adolescent booster dose (Ontario Hospital Association, 2017).

Name: \_\_\_\_\_

Student N°: \_\_\_\_\_

**Section 2 (Cont'd): To be Completed by Health Professional (required)**

**2.3 MEASLES, MUMPS, RUBELLA (MMR):** Proof of Measles, Mumps, Rubella immunity is required. Only the following will be accepted:

Option 1: A documented history (vaccination record must be attached) of TWO doses of live measles, mumps and rubella-containing vaccine, given 28 or more days apart, with the first dose given on or after 12 months of age. A minimum of 4-week interval is required between doses.

Date of first MMR: \_\_\_\_\_  
DD/MM/YYYYDate of second MMR: \_\_\_\_\_  
DD/MM/YYYYDate of booster (if required): \_\_\_\_\_  
DD/MM/YYYY

Physician/NP Signature: \_\_\_\_\_

\*Do not give MMR vaccine until after TB skin testing is completed. MMR may be given at the same time as Varicella vaccine or give MMR and Varicella one month apart. MMRV is not authorized for use in individuals over 12 years of age, as per NACI guidelines. (National Advisory Committee on Immunization).

Option 2: Laboratory evidence (lab report must be attached) showing immunity to Measles, Mumps, and Rubella

Blood work dates: Measles Immunity: \_\_\_\_\_  
DD/MM/YYYYMumps Immunity: \_\_\_\_\_  
DD/MM/YYYYRubella Immunity: \_\_\_\_\_  
DD/MM/YYYY

Result: \_\_\_\_\_

Result: \_\_\_\_\_

Result: \_\_\_\_\_

**2.4 VARICELLA IMMUNITY:** Proof of Varicella (chicken pox) immunity is required. Only the following will be accepted:

Option 1: A documented history (vaccination record must be attached) of TWO doses of live varicella-containing vaccine, given 28 or more days apart, with the first dose given on or after 12 months of age. A minimum of 4-week interval is required between doses, NACI recommends 6-12 week interval between doses.

Date of first Varicella: \_\_\_\_\_  
DD/MM/YYYYDate of second Varicella: \_\_\_\_\_  
DD/MM/YYYY

Physician/NP Signature: \_\_\_\_\_

\*Do not give Varicella vaccine until after TB skin testing is completed. Varicella may be given at the same time as MMR vaccine or Varicella and MMR vaccines at least 4 weeks apart. Healthy adults 18 years of age & older, MMRV is not authorized for use in this age group as per NACI guidelines (National Advisory Committee on Immunization).

Option 2: Laboratory evidence (lab report must be attached) showing immunity to Varicella

Blood work date: Varicella Immunity: \_\_\_\_\_  
DD/MM/YYYY

Result: \_\_\_\_\_

**2.5 HEPATITIS B VACCINE:** Proof of Hepatitis B immunity is REQUIRED for Dental Assistant, Dental Hygiene, Early Childhood Education, Nursing, Personal Support Worker and Paramedic Programs. Students in all other programs are strongly recommended to complete Hepatitis B Vaccine Series. Only the following will be accepted:

Option 1: A documented history (vaccination record must be attached) of vaccination series (2 or 3 age appropriate doses)

Date of first Dose: \_\_\_\_\_  
DD/MM/YYYYSecond Dose: \_\_\_\_\_  
DD/MM/YYYYThird Dose: \_\_\_\_\_  
DD/MM/YYYYDate of booster (if required): \_\_\_\_\_  
DD/MM/YYYY

Physician/NP Signature: \_\_\_\_\_

Option 2: Laboratory evidence (lab report must be attached) showing immunity to Hepatitis B

Blood work date: \_\_\_\_\_  
DD/MM/YYYYTitre Results: \_\_\_\_\_  
DD/MM/YYYY**Section 3 To be Completed Physician (required)**

Must be completed by a Physician/NP

Physician/NP Name: \_\_\_\_\_

Physician/NP Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE  
STAMP



# Niagara College

Health, Wellness  
and Accessibility  
Services

Dear Health Care Provider,

Niagara College students who have placement in a health care or community setting must complete the attached Communicable Disease Surveillance Form in order to be considered for placement.

**Important Things to Note:**

A 2-step TB skin test is required. Please ensure all fields are documented on the form, please express interpretation in mm of induration. Even if there is no reaction, there must be 0mm documented. Simply writing 'negative' will not suffice.

Do not vaccinate your patient with MMR, Varicella vaccines until after TB skin testing is complete.

If patients have had a previous positive TB skin test please include documentation of this previous positive test, including mm of induration.

History of BCG vaccine is not a contraindication to TB skin testing.

MMRV vaccination is not approved for use in Canada for patients over the age of 12 per NACI guidelines.

<https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>

If your patient requires Varicella vaccination, 6-12 weeks between doses is recommended.

All adults working in Health Care settings regardless of age, should receive a single dose of Tetanus Diphtheria acellular Pertussis vaccine (Tdap) for pertussis protection, if not previously received in adulthood. The adult dose is in addition to the routine adolescent booster dose.

Please consult Canadian Immunization Guide for doses and schedules for Hepatitis B containing vaccines.

Please ensure you provide your patient with all patient vaccination records and bloodwork results. Vaccination records and bloodwork results must be translated and provided in English.

Thank you so much for your assistance,

Niagara College Health, Wellness and Accessibility Team