

WATERLOO OPTOMETRY AND VISION SCIENCE
STUDENT IMMUNIZATION FORM FALL 2024 Class of 2028

The WOVS requires proof of the following immunizations prior to first year. As well, this requirement must be met for students to participate in any Optometry clinics. **Make sure you make a copy of the completed form to keep for your own records! You may need this proof for your 4th year externships. Copies cannot be provided.** **The form must be completed by a physician or registered nurse.** Please have the form completed, signed and email as a pdf attachment. **The form must be received by August 2, 2024.**

Student's Name: _____ **Waterloo ID #:** _____

Measles/Mumps/Rubella (MMR) or Measles/Mumps Rubella/Varicella (MMRV)		
Where documentation is unavailable, evidence of immunity by laboratory testing must be indicated.		
Date administered (day/month/year)	MMR <input type="checkbox"/>	MMRV <input type="checkbox"/>
If documentation isn't available, do laboratory testing results confirm immunity? →	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Diphtheria/Tetanus (valid for 10 years)		
A DT booster within the last ten years is required (tetanus alone is not acceptable). Tetanus protection must be maintained throughout the duration of your degree program and that is your responsibility to inform us when it's been updated.		
Date administered (day/month/year)		
Hepatitis B		
If you cannot be immunized and/or are a Hep B carrier, you must provide a written statement to this effect from a physician. Where documentation of immunizations is not available, please provide evidence of immunity. If you only had the two dose vaccine, then fill in the dates for the 1 st and 2 nd administration and write N/A for the 3 rd administration		
Date of 1 st administration	Date of 2 nd administration	Date of 3 rd administration
If documentation isn't available, do laboratory testing results confirm immunity? →		No <input type="checkbox"/> Yes <input type="checkbox"/>
Two Step Tuberculin Skin Test (mantoux only)		
The two step test must have been done between July 2023 and July 2024. Chest x-ray is required if reading 10mm or greater. Note: If you have had a prior two-step Tuberculin Skin Test (TST), then a single-step TST is sufficient to meet the requirements. However, you will need a healthcare professional to sign your form indicating that the results of your two-step TST were in fact negative (either based on their records or your own records). Please submit the results of your previous two-step TST, as well as your immunization form indicating the results of the single-step TST completed within the past year.		
Date administered	Date Read	Results
	First:	First:
	Second:	Second:
Date of chest x-ray (if applicable):		Results
If further treatment has been given, please specify:		
Is this an active case of TB?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Influenza It is strongly recommended that each student be immunized annually for influenza (flu).		
COVID-19 immunization is required. Enter as day/month/year		
1 st :	2 nd :	Booster:
Physician/Registered Nurse (print)	(sign)	Clinic stamp (with address)
Date		