



**HUMBER**

School of Health Sciences

Humber Institute of Technology  
& Advanced Learning

NORTH CAMPUS  
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humber.ca

## **Paramedic Program Documentation Requirements**

1. Make an appointment with your physician to complete the Paramedic Immunization Schedule Form. This form must be signed by a physician. In situations where lab evidence of immunity is required, you must provide copies of the actual lab titre results. If you do not have a family doctor, please visit any Walk-in Clinic available. The cost of completing the form is paid by the student entering the program.
2. Ensure your First Aid certificate and CPR (level C-HCP) certificate are current. The First Aid certificate is valid for 3 years from date of issue; the CPR is valid for only one year from date of issue (as per the Ambulance Act).
3. Complete a N95 Mask Fit test. This can be done at the North campus for a nominal fee over the summer months.
4. Start a file that contains at least 2 photocopies of your immunization schedule form, all blood work results, First Aid and CPR certificates and N95 Mask Fit results. You will be asked to provide copies of these documents numerous times over the 2 years of the program.
5. Do not apply for a criminal record check until you are instructed to do so by the program coordinator. This will be requested in second semester.
6. The following information may help your physician in completing the immunization form:

The following table outlines the specific changes to the information regarding the mandatory immunizations.

<b>Disease</b>	<b>Change in the Schedule</b>
Tetanus Diphtheria	<ul style="list-style-type: none"> <li>• <b>3 dose series</b> if unimmunized.</li> <li>• Tetanus diphtheria (Td) booster doses is every 10 years</li> </ul>
Polio	<ul style="list-style-type: none"> <li>• <b>It is divided into a separate category from Tetanus and Diphtheria.</b></li> <li>• <b>3 dose series</b> if previously unimmunized or unknown polio immunization history.</li> </ul>
Pertussis	<ul style="list-style-type: none"> <li>• <b>New vaccine added to schedule.</b></li> <li>• 1 single dose of tetanus diphtheria acellular pertussis (Tdap) vaccine regardless of age if not previously received in adulthood.</li> </ul>
Varicella (Chickenpox)	<ul style="list-style-type: none"> <li>• <b>No change to number of doses.</b></li> <li>• <b>2 dose series</b> if no evidence of immunity.</li> <li>• Persons with self-provided history of Varicella/Chickenpox should no longer be assumed to be immune.</li> </ul>
Measles	<ul style="list-style-type: none"> <li>• <b>It is divided into a separate category from Mumps and Rubella.</b></li> <li>• <b>Change to number of doses.</b></li> <li>• <b>2 dose series</b> if no evidence of immunity regardless of age.</li> <li>• Documentation is required to indicate 2 doses of live measles virus vaccine given after their first birthday, or laboratory evidence of immunity prior to or upon employment, regardless of year of birth.</li> </ul>
Mumps	<ul style="list-style-type: none"> <li>• <b>It is divided into a separate category from Mumps and Rubella.</b></li> <li>• <b>Change to the number of doses.</b></li> <li>• <b>2 dose series</b> if no evidence of immunity.</li> </ul>
Rubella	<ul style="list-style-type: none"> <li>• <b>It is separated into a separate category from Mumps and Rubella.</b></li> <li>• <b>No change.</b></li> </ul>
Hepatitis B	<ul style="list-style-type: none"> <li>• <b>No change.</b></li> <li>• Depending on the age when the Hepatitis B (HB) series began, some people may receive a 2 dose schedule (for adolescents 11 to 15 years of age), while others may have received a 4 dose schedule if they are on an accelerated immunization schedule. The general schedule for adults is a 3 dose series. Regardless of the series, serologic testing needs to be completed within 1-6 months after completing the series to confirm immunity.</li> <li>• For paramedics who have documentation of receiving a complete HB vaccine series but does not have documentation of anti-HBs serology following immunization further information can be found in the Canadian Immunization Guide, Part 4 Active Vaccines, Hepatitis B Vaccine under the Workers Section <a href="http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-hepb-eng.php">http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-hepb-eng.php</a></li> </ul>

**Note:** Some vaccines provide protection against multiple diseases.

For example:

- MMR vaccine provides protection against measles, mumps and rubella
- Td protects against tetanus and diphtheria
- Td-IPV protect against tetanus, diphtheria, pertussis and polio
- Tdap protects against tetanus, diphtheria and pertussis

# Humber College Paramedic Program Immunization Schedule

To the Physician: Please note that the Emergency Health Services Branch, Ministry of Health and Long Term Care has revised the Ambulance Service Communicable Disease Standards. Please note that Paramedics and Paramedic students are required to meet these standards in order to be employed as a Paramedic or study as a student under the Ambulance Act of Ontario

**Student Name:** \_\_\_\_\_

**Date of Birth (DD/MM/YYYY):** \_\_\_\_\_

<b>1. Tetanus</b>		Booster doses every 10 years.	
Primary Series (3 Doses) if Unimmunized			
	Name of vaccine	Date	Initials
Dose 1			
Dose 2			
Dose 3			
Last Booster			
	Name of vaccine	Date	Initials
Booster			
OR <input type="radio"/> Lab Evidence of Immunity ( <i>Please attach documentation</i> )			
OR <input type="radio"/> Medically Contraindicated			

<b>2. Diphtheria</b>		Booster doses every 10 years.	
Primary Series (3 Doses) if Unimmunized			
	Name of vaccine	Date	Initials
Dose 1			
Dose 2			
Dose 3			
Last Booster			
	Name of vaccine	Date	Initials
Booster			
OR <input type="radio"/> Lab Evidence of Immunity ( <i>Please attach documentation</i> )			
OR <input type="radio"/> Medically Contraindicated			

<b>3. Pertussis</b>		1 Single Dose of Tetanus, Diphtheria, Acellular Pertussis (Tdap) Vaccine Regardless of Age if Not Previously Received in Adulthood	
	Vaccine	Date	Initials
OR <input type="radio"/> Lab Evidence of Immunity ( <i>Please attach documentation</i> )			
OR <input type="radio"/> Medically Contraindicated			

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<b>4. Polio</b>	Document most recent. Booster dose generally not required.		
Primary Series (3 doses) if Unimmunized or Unknown Polio Immunization History			
	Name of vaccine	Date	Initials
Dose 1			
Dose 2			
Dose 3			
OR <input type="radio"/> Lab Evidence of Immunity <i>(Please attach documentation)</i>			
OR <input type="radio"/> Medically Contraindicated			

<b>5. Measles</b>	2 Doses if Unimmunized or if No Evidence of Immunity		
	Name of vaccine	Date	Initials
Dose 1			
Dose 2			
OR <input type="radio"/> Lab Evidence of Immunity <i>(Please attach documentation)</i>			
OR <input type="radio"/> Medically Contraindicated			

<b>6. Mumps</b>	2 Doses if Unimmunized or if No Evidence of Immunity		
	Name of vaccine	Date	Initials
Dose 1			
Dose 2			
OR <input type="radio"/> Lab Evidence of Immunity <i>(Please attach documentation)</i>			
OR <input type="radio"/> Medically Contraindicated			

<b>7. Rubella</b>	1 Single Dose if No Evidence of Immunity		
	Vaccine	Date	Initials
OR <input type="radio"/> Lab Evidence of Immunity <i>(Please attach documentation)</i>			
OR <input type="radio"/> Medically Contraindicated			

<b>8. Varicella (Chickenpox)</b>	2 Doses if Unimmunized or if No Evidence of Immunity		
	Name of vaccine	Date	Initials
Dose 1			
Dose 2			
OR <input type="radio"/> Lab Evidence of Immunity <i>(Please attach documentation)</i>			
OR <input type="radio"/> Medically Contraindicated			

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9. Hepatitis B	2 to 4 Age Appropriate Doses and Serologic Testing Within 1 to 6 Months After Completing the Series		
Circle one	Name of vaccine – circle one	Date	Initials
1. Primary or Booster	Hep B or Twinrix		
2. Primary or Booster	Hep B or Twinrix		
3. Primary or Booster	Hep B or Twinrix		
4. Primary or Booster	Hep B or Twinrix		
<b>AND</b> Serologic Test Results Show Immunity After 1 to 6 Months (Y / N) <i>(Please attach documentation)</i>			
OR <input type="radio"/> Medically Contraindicated			

10. Tuberculosis	Two –step Tuberculin Skin Test is required. If the person has a documented history of a previous positive TB skin test (induration measuring equal to or greater than 10mm) or Active TB, a TB skin test <b>NOT REQUIRED</b> . Proceed to Chest X-Ray	
TB Skin Test Mantoux	Date Given	Result
Step 1		
Step 2 (7-21 days after)		
<b>Chest X-ray must be done within the last 6 months (please attach documentation)</b>		
Date _____ Results _____		

11. Influenza (Flu Shot)	Every October or November	
Vaccine	Date	Initials

Physician Name <i>(Please Print)</i>	
Location of Physician's Office	
Physician's Signature	
Date	