



## **Pre-Practice requirements (Course requirement for HTCA 169/HTCA 159/HTCA 179 and to be completed before moving onto Clinical/Practicum Course)**

- Standard First Aid with CPR Level C (AED) - 2 day course
- BC Food Safe Level 1
- Completed and up-to-date Immunizations
  - Inclusive of current seasonal influenza and COVID vaccination
  - COVID vaccine - Interior Health placement order: **Fully vaccinated (2 doses) at least 7 days prior to beginning Clinical placement.**
- Negative TB Skin Test ***within 6 months of the first practice education***  
(\*Please take the form to your local health unit/hospital and have them complete the form and complete any outstanding immunizations you may still require.)
- Ministry of Justice Public Safety Criminal Record Check Clearance (see below)

### **Consent to a Criminal Record Check (required to ensure protection of vulnerable people):**

(\*Please note, the Consent to a Criminal Record Check is ***not the same as an RCMP Criminal Record Check***. RCMP Checks will not be accepted).

Online application link or paper application available by request from NVIT Registrars Office at registrarsoffice@nvit.ca. Please note that a Ministry of Public Safety and Solicitor General public safety criminal record check clearance is required to continue with this program and begin the practicum. Criminal record checks that have not been completed or cleared may result in withdrawal from the program. The cost of a criminal record check will be \$28, payable to the Ministry of Public Safety and Solicitor General. Please be sure to account for this cost upon the start of your program.



## Health Requirements Information Sheet

Health Services programs provide opportunities for students/graduates to work with individuals, families, groups and communities in a variety of settings. Experiences in a Health Services program can be emotionally and physically intensive. The following is a list of personal attributes that will assist you to be successful with your future endeavors:

- A caring nature
- An interest in the well-being of others
- Excellent interpersonal skills
- The ability to function as a collaborative member of a group
- The ability to sustain physical activity for extended periods of time
- The ability to work calmly and patiently under stress
- Good self-care strategies

It is extremely important that students in the Health Services programs be in good health and have the most up-to-date immunizations. It is the student's responsibility to ensure they are properly immunized. Students who are not immunized, risk the possibility of being denied their practicum placement and will find it difficult to secure employment upon completion of the program. This is beyond the control of NVIT and is totally at the discretion of the clinical facility.

The following immunizations are required:

- Students born after 1970 need a measles, mumps and rubella (german measles) booster
- Polio immunization (primary series) and diphtheria and tetanus toxoid
- Immunization against hepatitis B (a series of 3 injections over 6 months)
- Immunization against influenza for the current flu season year as per the BC Provincial Policy. For those individuals who choose not to receive vaccination, individual must wear a surgical protective mask at all times in the practice education setting.
- COVID Vaccine (SARS-CoV-2) required as of October 12, 2021 (2 doses at least 7 days prior to placement is considered "fully vaccinated" by Interior Health standards.
- A current negative TB skin test or chest x-ray **within 6 months of the first practice education** placement. For those with a positive tes (>10mm of induration or greater) at the last test, a negative chest X-ray is required within a year of the first practice education placement.

Students who have health problems that may impact their on-the-job performance, within a Health Services program, are encouraged to discuss their circumstances with the Dean or an instructor. This is so that we can provide support and assistance to your during the program for optimum success.

Please call Interior Health-Public Health at (250) 378-3400 for the most current information or if you have any further questions related to the immunizations that are required.

NVIT staff is here to support you throughout the program and will make every attempt to ensure you are successful.



## Student Immunization Record

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (yy/mm/dd) Medical No. \_\_\_\_\_

### IMMUNIZATION INFORMATION

**\*\*This document must be completed prior to practicum placement.**

Diphtheria	Date of Immunization _____	Requirements: A basic series (2 or 3 injections plus booster 6-12 months later.) A recall dose if more than 10 years since previous Diphtheria.
Tetanus	Date of Immunization _____	Requirements: A recall dose if more than 10 years since previous Tetanus.
Poliomyelitis	Date of Immunization _____	Requirements: A basic series of Polio (oral or injectable).
Hepatitis B Vaccine	Date of Immunization _____	Requirements: A series of 3 injections over 6 months.
Current Influenza	Date of Immunization _____	Requirements: Immunization must be done during the current flu season.
Measles/Mumps Rubella (MMR)	Date of Immunization _____	Requirements: Student's Rubella titre or IgG of greater than 10 is recommended for all women in childbearing years.
Current COVID	Date of Immunization _____	Requirements: Full vaccination (2 doses of SARS-CoV-2 vaccine) required no later than 7 days prior to first Clinical placement
Tuberculin Dose 5.T.U. (0.1ml)	Date ____ / ____ / ____	Reaction _____

*Negative TB Test must be **dated within 6 months of first practice education placement.** If positive (>10mm of induration or greater), an x-ray will be required or assessment statement from your doctor or Public Health Office.*

### AUTHORIZATION INFORMATION

This is to certify that the above-named candidate has been immunized as requested above.

For Office Use Only

Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name and Address of Agency

\*Please submit completed form to the Office of the Registrar at the address above.