DOUGLASCOLLEGE

VACCINATION RECORD

VETERINARY TECHNOLOGY PROGRAM (VTEC)
FACULTY OF SCIENCE AND TECHNOLOGY

Complete ONLY if you are offered a seat in the program

Student Number: ____________________ Full Name: ______________________________

Last First /Middle Initial

Mailing Address: ____

Apt/Unit # Full Address

____

City Province Postal Code

Telephone: ____________________ Email: ______________________________

Emergency Contact: ______________________________ Phone: ____________________

DEPARTMENT POLICY

Participation in clinical experience requires assessment of your vaccination status.

INFORMATION

Vaccinations can be obtained from your Family Physician or Walk-in Clinic Physician. A clinic for Rabies vaccine will be held at the College after acceptance for those submitting permission from their physician.
To avoid delays in processing your application, ensure your Vaccination Record is complete.

CONSENT (*to be signed by the Applicant*)

I hereby authorize (*give permission to*) my Family Physician or Walk-in Clinic Physician to provide Douglas College, Faculty of Science and Technology – Veterinary Technology (VTEC) Program, any information regarding my immunization.

______________________________ ______________________________

Applicant's signature: Date:

Both sides of this document must be completed in full and returned by the **deadline date as indicated on your acceptance letter**:

Mail to: **DOUGLAS COLLEGE**
Attention: VTEC Admissions, Enrolment Services
1250 Pinetree Way
Coquitlam, BC Canada V3B 7X3

______________________________ ______________________________

Student Number **Student Name**

To the Applicant:

Prior to entering the VTEC Program, we anticipate that you will have completed the following vaccinations. They are HIGHLY RECOMMENDED for your own protection and that of your fellow students and instructors.

REQUIRED

1. Rabies
2. Tetanus

RECOMMENDED

3. Hepatitis B
4. Measles
5. Rubella
6. Polio

1. RABIES Vaccine
Primary preventative series (3 doses in 21 days)
AND/OR current titre if already received*

1st of Series Date D M Y	2nd of Series Date D M Y	3rd of Series Date D M Y

**Clinic for Rabies vaccine will be arranged for VTEC students in mid-September.*
Please ensure the Doctor's Permission to have Rabies Vaccine on the following page has been completed and signed by the physician or public health nurse.

2. TETANUS-DIPHTHERIA (TD) Vaccine
The Primary Series with a Booster every 10 years

Primary Vaccine Month Year	Update Needed Yes/No	Booster Shot Given On Day Month Year

3. HEPATITIS B Vaccine Received Yes ☐ No ☐
Primary Series (3 doses)

1st of Series Date D M Y	2nd of Series Date D M Y	3rd of Series Date D M Y

4. RED MEASLES (measles or MMR) Vaccine
One dose <u>or clinical diagnosis confirmed by Physician (titre)</u>

Date Month Year	Confirmed Measles Diagnosis (Doctor to Initial or Sign)

5. RUBELLA (Rubella or MMR) Vaccine
One dose or <u>clinical diagnosis confirmed by Physician (titre)</u>

Date Month Year	Confirmed Rubella Diagnosis (Doctor to Initial or Sign)

6. POLIO Vaccine
Primary Series of IPV (Polio) or
Oral Polio Vaccine

Primary Vaccine Year

DOCTOR'S PERMISSION TO HAVE RABIES VACCINE

I give permission for ____ to have the
Student's Name

preventative Rabies vaccine series which consists of *3 separate injections*.

Public Health Nurse **or** Doctor ______________________________ Date ____________________
Signature

PLEASE PRINT *NAME AND ADDRESS* OR USE OFFICE STAMP

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