

Immunization Attestation Communicable Disease/Immunization Compliance

Please complete your personal attestation form and provide your signature.

I attest that I have complied with the Communicable Disease Surveillance Protocols developed by the Ontario Medical Association and the Ontario Hospital Association pursuant to Hospital Management Regulation 965/90 of the Public Hospitals Act. I have completed the following:

Required:

Ontario Public Health validated **COVID-19 Vaccination** (first and second dose of a 2-dose series, or single dose of a single-dose series), and having received the final dose of the COVID-19 vaccine at least 14 days ago.

2 Step Mantoux Skin Test

Or

1 step Mantoux Skin Test (if a 2 step TB test was completed greater than 1 year ago)

And:

If Mantoux Skin Test result is positive, a chest x-ray is required.

Measles, Mumps, Rubella Vaccination x 2

Or

Measles, Mumps, Rubella Lab Titres indicating immunity

Varicella Vaccination x 2

Or

Varicella Lab Titre indicating immunity

Recommended:

Hepatitis B Titre indicating immunity

Tetanus/Diphtheria/Pertussis (within last 10 years)

Annual Influenza Vaccine

Name: _____ Date: _____

Signature: _____

If student is under 18 years old, please have legal guardian sign.

Guardian Name: _____ Date: _____