

Immunization Records: **A Guide for Exchange Students**



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Introduction

Immunization Records: A Guide for Exchange Students provides information and direction to exchange students, their parents or guardians, and to exchange student agencies about immunization requirements to attend schools in the County of Lambton or Municipality of Chatham-Kent.

Exchange students attending a school in Lambton County or Chatham-Kent will only be admitted to school if their immunization status has been reviewed according to Ontario's Immunization of School Pupils Act (ISPA).

Provincial Requirements

ISPA is an Ontario law that requires students to have up-to-date vaccinations or a valid *Statement of Exemption for Medical Reasons form*, or *Statement of Conscience or Religious Beliefs form* to attend school.

The Lambton Public Health/Chatham Kent Public Health Units review the immunization status of all exchange students and provide necessary recommendations. Unless students have a valid exemption, each student who attends school must have proof of immunization against the following diseases:

- Diphtheria
- Tetanus
- Poliomyelitis
- Measles, Mumps, Rubella
- Meningococcal disease
- Pertussis
- Varicella - *for students born in 2010 or later*

Children who do not get immunized against these diseases are at a greater risk for acquiring and spreading disease to others. They may be removed from school during a disease outbreak.

Additionally, a tuberculosis (TB) assessment may also be required.

Note: While immunization against Covid-19 is highly recommended, and may be required for some aspects of your visit, it is not a required immunization as per the ISPA.

Procedure for Exchange Student Agencies

Exchange student agencies must:

1. Send the *Immunization Records: A Guide for Exchange Students* document to exchange student at least **three (3) months** before the exchange student's scheduled departure from their home country.
2. Ensure the health unit receives the following completed documents at least **two (2) months** before scheduled departure:
 - Completed *School Entry Requirements for Exchange Students Form* (Appendix A)
 - Completed *Exchange Student Immunization Information Form* (Appendix B)
 - **Attach a copy of the exchange student's original immunization record to Appendix B.** Identify the student's name and date of birth on the immunization record *If your original record is in a language other than English, please ensure translations have been completed.
 - Completed *Release of Information Form* (Appendix C)
3. Submit Appendix A, B, and C to the appropriate health unit:
 - Lambton Public Health: email ypdnurse@county-lambton.on.ca
 - Chatham-Kent Public Health: email ckhealth@chatham-kent.ca
4. If the exchange student requires vaccines, the exchange student agency will receive a completed *Public Health Assessment Form* (Appendix D) from the health unit. The exchange student agency will forward the form to the exchange student, parent or guardian.
5. Once the exchange student sees their health care provider, and vaccines are completed, the exchange student agency will collect the following updated forms from the exchange student, parent or guardian:
 - a) *Exchange Student Immunization Information Form* (Appendix B).
 - b) Attach a copy of the exchange student's updated immunization record. Ensure the exchange student's name and date of birth is identified on immunization record.
6. Submit Appendix B and updated immunization record to the appropriate health unit:
 - Lambton Public Health: email ypdnurse@county-lambton.on.ca
 - Chatham-Kent Public Health: email ckhealth@chatham-kent.ca
7. Once the exchange student agency receives the final public health assessment (Appendix D) clearance, the exchange student **agency will notify the school board** that the exchange student is ready to attend school.

Procedure for the Exchange Student, Parent or Guardian

After receiving the *Immunization Records: A Guide for Exchange Students* document from the exchange student agency, please follow these steps:

1. Complete *Exchange Student Immunization Information Form* (Appendix A, B, and C).
2. Attach a copy of the exchange student's **original** immunization record to Appendix B. Identify the exchange student's name and date of birth on the immunization record.
* If your original record is in a language other than English, please ensure translations have been completed.
3. Submit Appendix A, B, and C to the agency within one (1) month of receiving this document.
4. If an exchange student requires a medical or conscience/religious belief exemption, click links 4a) or 4b) below for the appropriate form.
 - a) [Statement of Medical Exemption](#)
 - b) [Statement of Conscience or Religious Belief](#)
 - c) View Vaccine Educational Video <https://youtu.be/WlvdduUFUMk>

Complete and submit the appropriate exemption form Appendix C and email to:

- Lambton Public Health: email ypdnurse@county-lambton.on.ca
- Chatham-Kent Public Health: email reportshots@chatham-kent.ca

Upon completion of the required documents, you will receive a Certificate of Completion from your Public Health Unit.

5. The exchange student **agency** will provide the exchange student, parent or guardian with a completed *Public Health Assessment* (Appendix D).
6. If the exchange student requires vaccinations or TB assessment the recommendations will be outlined on *Public Health Assessment* (Appendix D). Vaccines should be administered by the exchange student's health care provider **prior** to arrival in Canada.
7. Submit the following updated forms to the exchange student agency:
 - a) *Exchange Student Immunization Information Form* (Appendix B).
 - b) Attach a copy of the exchange student's updated immunization record. Identify the exchange student's name and date of birth on immunization record.
8. If the exchange student requires a TB assessment, as stated on the *Public Health Assessment* (Appendix D), the exchange student agency will arrange an appointment with the public health unit immediately upon arrival.

Appendix A:

School Entry Requirements for Exchange Students

Exchange Student Agency

Agency Name: _____ Contact Person: _____

Contact Information: _____

Telephone: _____ Fax: _____ Email: _____

Exchange Student Information

Family Name: _____ Given Name: _____

Gender: _____ Date of Birth: _____ Country of Origin: _____
(yyyy/mm/dd)

List any allergies: _____

List any medications the exchange student is currently taking: _____

Does the exchange student have any medical diagnosis or underlying medical condition? _____

Name of school attending in Lambton County or Chatham-Kent: _____

Exchange student's address while residing in Lambton County or Chatham-Kent: _____

Length of stay: _____ Starting Date: _____

School attending in Canada: _____

Does the client speak English? Yes No Preferred language: _____

TB assessment by public health is required if student was born or lived (3 months or greater) in any of these countries:

Using a check mark (✓) indicate if the exchange student, was born or has lived in, any of these countries listed below for 3 months or more. For use from 2021 – 2025 (WHO)

- | | | | |
|---|------------------------------------|---|--|
| <input type="checkbox"/> Angola | <input type="checkbox"/> Ethiopia | <input type="checkbox"/> Mozambique | <input type="checkbox"/> Sierra Leone |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Gabon | <input type="checkbox"/> Myanmar | <input type="checkbox"/> South Africa |
| <input type="checkbox"/> Brazil | <input type="checkbox"/> India | <input type="checkbox"/> Namibia | <input type="checkbox"/> Thailand |
| <input type="checkbox"/> China | <input type="checkbox"/> Indonesia | <input type="checkbox"/> Nigeria | <input type="checkbox"/> The United Republic of Tanzania |
| <input type="checkbox"/> Congo | <input type="checkbox"/> Kenya | <input type="checkbox"/> Pakistan | <input type="checkbox"/> Uganda |
| <input type="checkbox"/> Central African Republic | <input type="checkbox"/> Lesotho | <input type="checkbox"/> Papua New Guinea | <input type="checkbox"/> Vietnam |
| <input type="checkbox"/> DPR Korea | <input type="checkbox"/> Liberia | <input type="checkbox"/> Philippines | <input type="checkbox"/> Zambia |
| <input type="checkbox"/> DR Congo | <input type="checkbox"/> Mongolia | | |

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. This personal information may be shared with the Ontario Ministry of Health, Ontario Ministry of Community & Social Services, your child's school and/or your local health department should you move out of Lambton County or Chatham-Kent. Please direct any questions about the collection of this information to Lambton Public Health – 519-383-8331 or toll free 1-800-667-1839 or Chatham-Kent Public Health Unit – 519-355-1071.

Appendix B:

Exchange Student Immunization Information

***Please attach a copy of the student's original immunization record in addition to completing this form.**
***If your original record is in a language other than English, please ensure translations have been completed.**

Name of Exchange Student: _____

Date of Birth: _____
 yyyy/mm/dd

The following vaccines are required to attend school in Ontario.
 All immunizations **must** be completed at least **one (1) month** before departure, and vaccination series must be spaced in accordance with the Immunization of School Pupils Act (ISPA).

	Dose 1 yyyy/mm/dd	Dose 2 yyyy/mm/dd	Dose 3 yyyy/mm/dd	Dose 4 yyyy/mm/dd	Dose 5 yyyy/mm/dd	Dose 6 yyyy/mm/dd
Tetanus 3-5 doses required						
Diphtheria 3-5 doses required						
Pertussis 3-5 doses required						
Poliomyelitis 3-5 doses required *must have at least one (1) dose after the age of 4 years						
Measles 2 doses required ≥ 12 months of age						
Mumps 2 doses required ≥ 12 months of age						
Rubella 1 dose required ≥ 12 months of age						
Men-C-C Required if student is under 12 years						
Men-C-ACYW135 Required if student is ≥ 12 years or older						
Varicella 2 doses required if student born on or after 2010						

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Appendix C:

CONSENT FOR THE RELEASE OF INFORMATION

I give my consent for the release of personal health and immunization records.

Regarding _____, born _____
(Family Name) (Given Name) (Date of Birth - Year/Month/Day)

From/To: EXCHANGE STUDENT AGENCY _____
(Name of Agency)

To/From: CHATHAM-KENT PUBLIC HEALTH/LAMBTON PUBLIC HEALTH

I am aware that this consent is effective for a one year period.

Signed: _____ Relationship to Client: _____

Witness: _____ Date: _____
(Year/Month/Day)

Appendix D:

Public Health Assessment

EXCHANGE STUDENT INFORMATION

Name of Exchange Student: _____ Date of Birth: _____
School: _____ yyyy/mm/dd

EXCHANGE STUDENT AGENCY

Agency Name: _____ Contact Person: _____
Address: _____
Telephone: _____ Fax: _____ Email: _____

HEALTH UNIT RECOMMENDATIONS

Further immunizations are recommended.

The immunization records have been reviewed by the Lambton Public Health/Chatham-Kent Public Health. This student should receive the following vaccination(s) before admission to school:

TB assessment is required by Public Health Nurse.

This student requires further TB assessment by Lambton Public Health/Chatham-Kent Public Health.

Exchange Student cleared for admission to school.

Nurse's Signature

Print Name

Date

School board official has been notified by email. Include name of exchange student, date of birth and name of school in the email.

Exchange Student Agency has been notified (if needed, e.g. Rotary Exchange)

Date

Nurse's Initial