

Missing Immunization Form

Student's name: _____ Today's date: _____ Student ID# _____

Program: _____ Practicum start date (if known): _____

Indicate which vaccine/health test you are unable to receive due to medical reason:

Attach a doctor's note indicating the reason you are unable to receive the vaccine/health test:

(Must include which immunization cannot be obtained, medical condition, and if there is a duration of time associated and whether the student is physically able to attend clinical/work/school during this period).

Consent:

I _____ hereby give consent to share my personal and medical information, including doctors note with the Centre for Growth & Harmony, program area, Faculty of Health and Community Studies Work-Integrated Learning Team as well as external stakeholders such as Alberta Health Services, Covenant Health and other agencies where practicum can take place.

Signature: _____ Today's date: _____

**** Once your immunization exemption form has been submitted, you will be contacted by the Faculty of Health and Community Studies Work-Integrated Learning Team directly. ****

Nurses comments:

The personal information requested on this form is collected under the authority of section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* and will be used to ensure the proper requirements are met before practicum placement. This personal information will be disclosed to the agency where your practicum will take place, to facilitate the practicum process. Questions about the collection, use, and disclosure of this personal information can be directed to the Manager, Wellness and Accessibility, 10215 108 Street NW, Edmonton, AB T5J 1L6, Tel 780.644.6158.