

SAIT HEALTH SERVICES SCHEDULE

Student Name: _____ **Male** **Female** **Other**

Date of Birth: ____/____/____ **Student ID# 000** _____ **Phone # (cell)** _____
Day Month Year

Provincial Health Care #: _____ **From which Province?** _____

Address: _____ **City:** _____ **Prov:** _____ **Postal Code:** _____

Department/Program: _____ **Semester:** Sept Jan May **Year of Program:** _____

In which Province and/or Country was the Student born? _____

Do you have an acute or chronic illness? No Yes **If yes, please list:** _____

Have you received the COVID Vaccine? No Yes **List Dates** #1 _____ #2 _____

Please complete: a detailed history is required prior to initiating immunizations	Yes	No	Unsure
Are you allergic to Latex?			
Are you allergic to any drugs? (please list) _____			
Are you allergic to any vaccines? (please list) _____			
Do you have any other allergies? (please list) _____			
Is the Student currently under treatment or taking any medications prescribed by a doctor? If yes, list medications: _____			
Is the Student ill with something more serious than a cold?			
Has the Student had repeated transfusions of blood or blood products in the past?			
Has the Student been subject to/or on kidney dialysis?			
Has the Student shared "used" needles with others?			
Has the Student received tattoos or piercings with tools that were not sterilized?			
Is the Student pregnant or planning pregnancy within the next 3 months or is breastfeeding?			
Has the Student received a live vaccine (MMR, Chickenpox, live flu "nasal spray" vaccine) within the past 4 weeks?			
Is the Student immunocompromised (weakened immune system)?			
Is the Student currently on radiation/chemotherapy?			
Has the Student received immune globulins or other blood products in the past year?			
Has the Student Ever had chickenpox? If yes, in what year? _____			
Has the Student Ever had Hepatitis B Vaccinations?			
Has the Student Ever had a positive Mantoux (Tuberculosis) skin test?			
Has the Student Ever been exposed to Tuberculosis?			
Has the Student Ever been diagnosed with Guillain-Barré Syndrome?			

Please list **All** the programs at SAIT for which you have **ever** been a Student or an Instructor:

(Please complete **BOTH** pages)

CONSENT TO VACCINATE

In consideration of The Board of Governors of the Southern Alberta Institute of Technology (“SAIT”) delivering to _____ (the “Student”) a program or course that involves practicum training, the Student or, if the Student is less than 18 years of age, his or her parent/legal guardian, agrees and acknowledges that:

- 1) The information requested on the attached Schedule shall be completed and submitted to SAIT in order that SAIT may ensure that the Student is medically fit to be vaccinated with an MMR, chickenpox, flu vaccine and/or other required vaccine (the “Vaccination”) by medical practitioners at the SAIT Health Clinic as a condition of the participation by the Student in the said practicum training. SAIT may disclose such information to its applicable instructors, staff, and to the organization carrying out the practicum training.
- 2) The provider of the vaccination, I am giving permission to access my “Netcare profile” and/or request previous vaccination records from “Polaris Travel Clinic” for the purpose of health information collection, to establish the needs for vaccination.
- 3) The Student (or the Student’s parent/legal guardian, as applicable) has not withheld or failed to advise the SAIT Health Clinic or any relevant medical or personal information that may impact the Vaccination.
- 4) The Student shall attend at the SAIT Medical Clinic for no less than 20 minutes following administration of the Vaccination by the SAIT Medical Clinic to ensure that the Student receives immediate medical treatment in the event of an adverse reaction to the Vaccination.
- 5) The Student agrees and acknowledges that the contents of the submitted and obtained medical documentation may be shared, as necessary, with the post-secondary institutions, including the release of vaccination status and information to their SAIT academic body for the purpose of practicum placement in accordance to Alberta Health Services (AHS) requirements and guidelines.
- 6) The Student (or the Student’s parent/legal guardian as applicable) indemnifies and saves harmless SAIT, its governors, officers, employees, consultants, agents, and representatives (including without limitation, SAIT Health Clinic medical practitioners administering the Vaccination) from and against any claims, demands, losses, liabilities, damages, costs and expenses of any and every nature and kind arising from or related to:
 - a) Any inaccurate or misleading information set forth in the attached Schedule; or
 - b) The failure to comply with paragraphs 2 and/or 3 above.
- 7) This Consent is governed by the laws of Alberta and the applicable federal laws of Canada

<p>_____</p> <p style="text-align: center;">Student Signature</p> <p>Date: _____</p>	<p>_____</p> <p style="text-align: center;">Print Name</p>
<p>_____</p> <p style="text-align: center;">Witness Signature</p> <p>Date: _____</p>	<p>_____</p> <p style="text-align: center;">Print Name</p>
<div style="border: 1px solid black; display: inline-block; padding: 5px 10px; background-color: yellow;">OR</div>	
<p>_____</p> <p>Parent/Guardian Signature (if student is a minor)</p> <p>Date: _____</p>	<p>_____</p> <p style="text-align: center;">Print Name</p>
<p>_____</p> <p style="text-align: center;">Witness Signature</p> <p>Date: _____</p>	<p>_____</p> <p style="text-align: center;">Print Name</p>
<p style="background-color: yellow; text-align: center;">Please return this completed form WITH your previous immunization record(s).</p>	