

**Immunization Manual**  
**Pre-Departure Medical Services**  
**Interim Federal Health Program**

## **Background**

The Federal Health Program (IFHP) Pre-departure Medical Services (PDMS) provides limited health care coverage to Canada-bound resettled refugees and other eligible groups overseas. The program has the following components: (a) coverage of the Immigration Medical Examination (IME), (b) certain pre-departure vaccinations, (c) services to manage disease outbreaks in the refugee camps, and (d) medical supports during travel to Canada.

## **IFHP PDMS Vaccinations**

This manual has been developed specifically for Panel Sites providing vaccination services to beneficiaries of the Interim Federal Health Program overseas. The purpose of this manual is to provide essential information to deliver vaccination services, including vaccine administration instructions, IFHP Vaccination Schedule, Vaccine Documentation Worksheet, Vaccination Consent Form etc. This manual does not include instructions related to cold-chain logistics, injection safety, infection control and management as IFHP expects the panel sites to follow their respective standard practices established for clinicians and health care workers in the area of immunization. Similarly, the manual does not include vaccine specific instructions.

## **Vaccine Administration**

Panel physicians should perform a vaccination needs assessment of the refugee based on age and by reviewing the history of previous vaccinations administered by them or by other health care providers. Any vaccinations accepted from other providers must be well documented in reliable medical records. Upon the review, and based on the vaccination schedule (Table A below), Panel Sites should administer required doses for each of the vaccines unless one of the following apply:

- The vaccination series is already complete;
- The vaccine is not age appropriate;
- Insufficient time interval to complete series before departure;
- Contraindication;
- Vaccine is not routinely available;
- Not influenza season;
- Known hepatitis B infection;
- Client refused vaccinations, or
- Other issues (such as significant distance or security concerns) preventing vaccine administration.

Counselling should be provided to all beneficiaries explaining the benefits and risks of vaccines and vaccine preventable diseases using the Vaccine Information sheet included in Annex 1 below.

**Table A: IFHP Vaccination Schedule**

|   | Vaccine  | Maximum number of doses | IFH PDMS vaccination Instructions  | Minimum dose intervals   |
|---|--|-------------------------|--|--|
| 1 | Measles, Mumps Rubella Vaccine (MMR)   | 2                       | 2 doses $\geq 1$ yr - born $\geq 1957$ .   | 4 wks b/w dose 1 and 2   |
| 2 | DTaP / DTP Diphtheria-Tetanus-Pertussis (a = acellular)                      | 3**                     | DTP ( 6 wks to < 7 years)<br><i>* Only if panel physician is certain that the child has not received extra undocumented doses</i>  | 4 wks b/w doses  |
| 3 | Inactivated Polio Virus (IPV) / Oral Polio (OPV)                             | 3**                     | Polio 2 doses (OPV, IPV or one of each) 6 wks < 11 yrs.  | 4 wks b/w dose 1 and 2 and b/w 2 and 3   |
| 4 | Hepatitis B  | 3**                     | Birth to adult   | 4 wks b/w dose 1 and 2; 8 wks b/w dose 2 and 3; 16 weeks b/w dose 1 and 3. Min age for dose 3 is 24 wks  |
| 5 | Haemophilus influenza type B (Hib)   | 3**                     | 6 wks to < 5 yrs (x3 doses if < 12 mos, X2 doses if $\geq 12$ < 15 mos, X1 dose if 15 mos-5 yrs)   | Minimum interval between doses is 4 weeks if age < 12 mos (8 wks between doses is recommended)<br>8 wks between doses if age 12 mos or older, or if age < 12 mos but first dose was given at age $\geq 7$ mos. |
| 6 | Tdap/TD Low dose Tetanus-diphtheria-acellular pertussis / Tetanus-diphtheria | 1                       | 7 yrs - adult  | N/A  |
| 7 | Rotavirus  | 2 or 3**                | Two doses of a two-dose vaccine (e.g. Rotarix), starting at age 6 wks and up to 15 wks<br><br>Three doses of a three-dose vaccine (e.g Rotateq), starting at age 6 wks and up to 15 wks<br><br>The series should be complete by 8 mos (8 mos plus 0 days)<br><br>Pending availability, the preference should be given to the two-dose vaccine. | 4 wks b/w doses  |
| 8 | Diphtheria, Tetanus, Pertussis, Polio, Hib, Hepatitis B                      | 3**                     | Start 6 wks to < 5 yrs.<br><br>Health care professionals should use clinical judgement when deciding on the preferred immunization strategy  | See individual vaccine components. If clients have a vaccination history of one or more component(s) of hexavalent vaccine, separate vaccine components should be given.                                       |
| 9 | Diphtheria, Tetanus, Pertussis, Hib, Hepatitis B                             | 3**                     | Start 6 wks to < 5 yrs.<br><br>Health care professionals should use clinical judgement when deciding on the preferred immunization strategy  | See individual vaccine components. If clients have a vaccination history of one or more component(s) of pentavalent vaccine, separate vaccine components should be given.                                      |

|    |  |     |   |   |
|----|--|-----|---|---|
| 10 | Diphtheria, Tetanus, Pertussis, Polio, Hib (Pentacel, Pediacel, Infarix-IPV-Hib) | 3** | Start 6 wks to < 5 yrs.<br>Health care professionals should use clinical judgement when deciding on the preferred immunization strategy | See individual vaccine components. If clients have a vaccination history of one or more component(s) of pentavalent vaccine, separate vaccine components should be given. |
| 11 | Diphtheria, Tetanus, Pertussis, Polio  | 3** | Start 6 wks to < 5 yrs.<br>Health care professionals should use clinical judgement when deciding on the preferred immunization strategy | See individual vaccine components. If clients have a vaccination history of one or more component(s) of hexavalent vaccine, separate vaccine components should be given.  |

\*\* In general, more than 2 doses of a specific vaccine are not expected to be administered unless 1) a refugee returns for re-medical examination, at which time Panel Sites should provide additional doses of vaccine as per the guidance in table A, depending on individual vaccination needs, the catch-up schedule, maximum doses and as time permits; or 2) a third dose of Hepatitis B vaccine is provided to a hepatitis B negative household member/contact of a hepatitis B-positive patient or 3) additional doses are required by additional specific outbreak response guidelines from Regional Medical Offices (Please see the respective section in the IFHP PDMS Overseas Health-Care Provider Handbook at <https://www.medaviebc.ca/en/health-professionals/pre-departure-medical-services>)

Note: Second or third dose can be given any time prior to departure, provided the requirements related to minimum dose intervals are met.

## ABBREVIATIONS

DT - Diphtheria and tetanus toxoids (pediatric (<7 yrs old) formulation)

DTaP - Diphtheria and tetanus toxoids and acellular pertussis vaccine (pediatric (<7 yrs old) formulation)

DTP - Diphtheria and tetanus toxoids and pertussis vaccine

Hib - Haemophilus influenza type b conjugate vaccine

OPV – Oral Polio Vaccine

IPV - Inactivated poliovirus vaccine

MCV - Meningococcal conjugate vaccine

MMR - Measles, mumps, and rubella vaccine

OPV - Oral poliovirus vaccine

PCV - Pneumococcal conjugate vaccine

PPSV - Pneumococcal polysaccharide vaccine

Td - Tetanus and diphtheria toxoids (adult formulation)

Tdap - Tetanus and diphtheria toxoids and acellular pertussis vaccine

## DOCUMENTATION AND REPORTING REQUIREMENTS

### Consent form

The Interim Federal Health Program Immunization Consent form must be signed by all refugees receiving vaccination(s) administered by the Panel Sites, considering that vaccinations **are not required under Canadian immigration legislation or regulations. Panel Sites should emphasize the voluntary nature of the vaccination when counselling IFHP beneficiaries.** International Organization for Migration (IOM) panel sites should use the consent form included in Annex 2. Independent panel physician (not affiliated with IOM) should use the consent form included in Annex 3. The signed consent forms must be given to IFHP beneficiaries.

### IFHP PDMS Vaccination Documentation Worksheet

Documenting each and every vaccine administered to the refugees is crucial both for monitoring and recording the immunization process and for delivering this information to the receiving health agencies to avoid duplicate vaccinations

in Canada. Only the IFHP form should be used to document any known reliable vaccination history and all vaccines administered by the Panel Site personnel. The form is included in Annex 4. Panel medical staff should review the entire content of the documentation worksheet for completeness and accuracy to ensure reliability and usefulness of medical information for the provincial and territorial health agencies or other institutions Canada. A copy of the documentation worksheet must be given to IFHP beneficiaries. This will ensure that the most updated vaccination record will be available to the health-care providers or other institutions in Canada. The following rules should guide panel physicians and their staff in documenting vaccine doses on the vaccination form:

#### **During IME:**

- *Review each refugee's vaccination history (only valid, documented historical doses can be accepted);*
- *Enter all reliably documented historical vaccines chronologically (left to right) in the four "Vaccine history" columns of the IFHP Vaccination Documentation Worksheet;*
- *Document vaccines given by Panel site at the time of IME;*
- *Document 2<sup>nd</sup> or 3<sup>rd</sup> (if applicable) doses given at each follow up visit;*
- *The "Remarks" section of the IFHP Vaccination Documentation form should be used to document any vaccine-specific details including contraindications to vaccination or adverse events.*
- *All vaccines included in the schedule should either have documented doses or have an associated vaccine code: A - not age appropriate, B- insufficient time interval to complete series, C- contra-indicated, D - not-routinely available (in case of vaccine shortage), E- Not Influenza season, F- Known Hep B infection, G- client refused vaccination. H - Other codes/vaccines are not required to be filled in.*

#### **Data Management**

Panel physicians should work closely with other resettlement and health-care partners to ensure that reliable vaccination records are issued to all IFHP beneficiaries. IFHP beneficiaries should be instructed to keep up-to-date immunization records for their families and to present this record on any medical appointment they may have in the future.

While organizing refugee medical examination Panel Site should also request that refugees bring vaccine records with them. After vaccination, the panel physician should always provide the refugee with a copy of the Vaccination Documentation Worksheet in order to keep a record of what vaccines were received, and instruct him/her to present this form again whenever other vaccines are scheduled to avoid unnecessary over-vaccination.

The refugee camp or other relevant health agencies should be kept informed on the current IFHP vaccination schedule in order to avoid over-vaccination.

Information on vaccines administered by Panel Sites will be kept in the IFHP Claims System through Medavie Blue Cross during the initial implementation of vaccination component of the PDMS.

Panel Sites must fill the IFHP Vaccination Documentation Worksheet for all IFHP beneficiaries accessing vaccinations and provide them with a copy of the updated form after each vaccination appointment. Refugees must be counselled to take the Vaccination Documentation Worksheet with them when they travel to Canada.

## Vaccine Information Statements

Today, the Panel Physician will offer you some vaccines to protect your health. Although these vaccines are not required for the medical exam and resettlement to Canada, they can protect you against serious diseases, caused by viruses and bacteria. Such diseases have affected and even killed many people over the years.

**DIPHTHERIA** *Bacteria*: You can get diphtheria from contact with an infected person. Signs and symptoms include a thick covering in the back of the throat that can make it hard to breathe. It can lead to breathing problems, heart failure, and death.

**HEPATITIS B** *Virus*: You can get Hepatitis B from contact with the blood or body fluids of an infected person. Babies can get it at birth if the mother is infected. Adults can get it from unprotected sex, sharing needles, or exposures to blood. Signs and symptoms include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach. It can lead to liver damage, liver cancer, and death.

**TETANUS** (Lockjaw) *Bacteria*: You can get tetanus from a cut or wound. It does not spread from person to person. Signs and symptoms include painful tightening of the muscles, usually all over the body. It can lead to stiffness of the jaw, so the victim can't open his mouth or swallow. It leads to death in about 1 case out of 5 cases.

**POLIO** *Virus*: You can get polio from contact with an infected person. It enters the body through the mouth. Signs and symptoms can include a cold-like illness, or there may be no signs or symptoms at all. It can lead to paralysis (unable to move arms or leg), or death (by paralyzing breathing muscles).

**PERTUSSIS** (*whooping cough*) *Bacteria*: You can get pertussis from contact with an infected person. Signs and symptoms include violent coughing spells that can make it hard for an infant to eat, drink, or breathe. These spells can last for weeks. It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

**MEASLES** *Virus*: You can get measles from contact with an infected person. It spreads from person to person through the air. Signs and symptoms include rash, cough, runny nose, eye irritation, and fever. It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

**MUMPS** *Virus*: You can get mumps from contact with an infected person. It spreads from person to person through the air. Signs and symptoms include fever, headache, muscle pain, loss of appetite, and swollen glands. It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely sterility.

**ROTAVIRUS** *Virus*: Rotavirus is a virus that causes severe diarrhea, mostly in babies and young children. It is often accompanied by vomiting and fever.

**RUBELLA** *Virus*: You can get it from contact with an infected person. It spreads from person to person through the air. Signs and symptoms include rash, arthritis, and mild fever. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

**HAEMOPHILIUS INFLUENZAE TYPE B** *bacteria*: You can get it from contact with an infected person. It spreads from person to person through the air. Signs include severe swelling of the throat. It can cause serious and life-threatening illness. Children under 5 are especially at risk.

## **Routine Vaccines**

Mark a checkbox as applicable.

**Children:** There are 8 vaccines that are recommended for children, but your child will not receive more than four of the recommended vaccines at one single time. The vaccines can prevent the 10 diseases described on the previous page. Children will also get at least one booster dose of these vaccines from Panel Sites and may finish a series if they are seen by Panel Sites for another medical exam prior to resettlement.

- DTP (Diphtheria, Tetanus, and Pertussis) Vaccine: depending on whether your child has received the vaccine in the past, he/she may receive up to 3 doses of DTP.
- Hepatitis B vaccine: up to 3 doses
- Polio Vaccine: up to 3 doses
- Hib (Haemophilus influenza type b) Vaccine: up to 3 doses.
- Measles, Mumps, Rubella (MMR): 2 doses
- Pentavalent (DTP, Hep B, Hib): up to 3 doses.
- Hexavalent (DTP, Hib, *Hep B or Polio*): up to 3 doses.
- Rotavirus: up to 2 doses

**Adults** can receive the following vaccines:

- Hepatitis B: Up to three doses depending on the number of medical examinations completed
- Measles, Mumps, Rubella (MMR): 2 doses
- Tetanus, diphtheria (Td): 1 dose

### **What are vaccines?**

Vaccines are made with a small amount of dead or weakened germs. These germs cannot harm you. They help the immune system learn how to protect itself against disease. Vaccines are a safe and effective way to keep you from getting very sick from the *real* disease. Most vaccines protect us for a very long time and sometimes for life, while others must be repeated.

### **What is the immune system?**

The immune system is a special network in the body that protects you from germs, like bacteria and viruses that cause diseases.

### **How do vaccines work?**

The dead or weakened germs in vaccines help your immune system to make two important tools: antibodies and immune memory. Together, these tools will help you recognize and fight off the germs if exposed to them in the future. Most persons are fully protected after they are vaccinated. This means that they will never get serious vaccine-preventable diseases. In rare cases, persons who are immunized can still get the disease because they only get partial protection from the vaccine. This is more common in people with a health problem that affects their immune system. They may develop mild symptoms if they are exposed to a disease, but will not suffer serious complications.

### **How are vaccines given?**

Most vaccines are given by an injection (a needle) into your upper arm or thigh. Some vaccines can be given orally (by mouth) or nasally (sprayed into the nose). You can safely get more than one vaccine at a time. Some vaccines protect against several diseases in a single shot, while others are given separately.

### **What if I can't be vaccinated?**

Some persons cannot receive certain vaccines due to allergic reactions or other medical conditions. Because they can't be vaccinated, they are at risk of getting diseases that the vaccine would have protected them from.

## **Vaccine Risks**

Vaccines can cause side effects, like any other medicine. Mostly these are mild “local” reactions such as tenderness, redness or swelling where the shot is given, or a mild fever. They happen in 1 child out of 4 with most childhood vaccines. They appear soon after the shot is given and go away within a day or two. More severe reactions can also occur, but happen much less often. Some of these reactions are so uncommon that experts can’t tell whether they are caused by vaccines or not. Among the most serious reactions to vaccines are severe allergic reactions to a substance in a vaccine. These reactions happen very rarely--less than one in a million shots--and they usually happen very soon after the shot is given. Your health care provider is trained to deal with the reactions. The risk of any vaccine causing serious harm, or death is extremely small. Getting one of the diseases that the vaccines protect you against is much more likely to harm you or your child than getting a vaccine.

**Other Reactions:** The following conditions have been associated with routine childhood vaccines. By “associated” we mean that they appear more often in children who have been recently vaccinated than in those who have not. An association doesn’t prove that a vaccine caused a reaction, but means it is probable.

### ***DTP Vaccine***

*Mild Problems:* Fever > 38°C (> 100.4° F) (up to about 1 child in 2), redness or swelling where the shot was given (up to 1 in 3 doses), soreness or tenderness where the shot was given (up to about 1 child in 4), fussiness (up to about 1 child in 3), tiredness or poor appetite (up to about 1 child in 10), vomiting (up to about 1 child in 50) *Moderate Problems:* seizure (jerking or staring) (about 1 child out of 1,750 doses), non-stop crying, for 3 hours or more (up to about 1 dose out of 300 doses), high fever, over 41°C/105°F (about 1 out of 330 doses)  
*Serious Problems:* Serious allergic reaction (less than 1 out of a million doses)

### ***Polio Vaccine***

*Serious Problems:* OPV can, rarely, actually cause polio. Although OPV is safe and effective, in extremely rare cases (approx. 1 in every 2.7 million first doses of the vaccine) the live attenuated vaccine virus in OPV can cause paralysis.

### ***Tetanus, Diphtheria (Td) Vaccine***

*Mild Problems:* Pain (up to about 8 in 10), redness or swelling at the injection site (up to about 1 in 3), mild fever (1 in 15) and headache or tiredness (uncommon)  
*Moderate Problems:* Fever over 38°C (rare), extensive swelling of the arm where the shot was given (3 in 100)  
*Serious Problems:* Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

### ***Haemophilus influenzae type b (Hib) Vaccine***

*Mild Problems:* redness, warmth, or swelling where the shot was given (up to ¼ of children), fever over 38 (up to 1 out of 20 children)  
*Serious Problems:* Severe allergic reactions are believed to be very rare.

### ***Hepatitis B Vaccine***

*Mild Problems:* soreness where the shot was given (up to about 1 person in 4), temperature of 37°C/99.9°F or higher (up to about 1 person in 15)  
*Serious Problems:* Severe allergic reactions are believed to occur about once in 1.1 million doses.

### ***Measles, Mumps, Rubella Vaccine***

*Mild Problems:* Fever (up to 1 person out of 6), mild rash (about 1 person out of 20), swelling of glands in the cheeks or neck (about 1 person out of 75)  
*Moderate Problems:* Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses), temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4), temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)  
*Serious Problems:* Serious allergic reaction (less than 1 out of a million doses)

### ***Pentavalent or Hexavalent Vaccine***

*Mild Problems:* similar to the DTP vaccine, soreness at the injection site and the development of a mild fever

*Serious Problems:* any serious allergic reaction

### ***Rotavirus Vaccine***

*Mild Problems:* babies might become irritable, or have mild, temporary diarrhea or vomiting after getting a dose of rotavirus vaccine

*Serious Problems:* Intussusception is a type of bowel blockage that is treated in a hospital, and could require surgery. There is a small risk of intussusception from rotavirus vaccination, usually within a week after the 1st or 2nd vaccine dose.

### **Precautions**

If you or your child is sick on the date vaccinations are scheduled, the doctor may want to delay vaccination until you/they recover. If you or your child have a mild cold or a low fever, you can still receive the vaccines but it may be better to wait.

Some children and adults should not get certain vaccines. Talk with the doctor if you or your child have had a serious reaction to a previous vaccine, or have any life-threatening allergies (these reactions and allergies are rare).

If you or your child have had any of these reactions to a previous dose of DTP, talk to the doctor before getting DTP

- A brain or nervous system disease within 7 days
- Non-stop crying for 3 or more hours
- A seizure or collapse
- A fever over 40°C

If you or your child has a life-threatening allergy to the antibiotics neomycin, streptomycin, or polymyxin B talk to the doctor before getting the polio vaccine.

If you or your child has a life threatening allergy to yeast, talk to the doctor before getting Hepatitis B vaccine.

### **What if my child or I have a moderate or severe reaction? What should I look for?**

Look for any unusual condition, such as a serious allergic reaction, high fever, weakness, or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to happen, it would most likely occur within a few minutes to a few hours after the shot.

Signs of a serious allergic reaction can include:

- **difficulty breathing -weakness -hives**
- **hoarseness or wheezing -dizziness -paleness**
- **swelling of the throat -fast heart beat**

### **What should I do?**

Contact a medical facility and/or Panel Physician immediately.

**CONSENT FORM**

**Pre-Departure Medical Services of the Interim Federal Health Program,  
Immigration Refugees and Citizenship Canada**

*To be read and signed by all refugees overseas who are beneficiaries of the Interim Federal Health Program and undergo IMEs and/or receive vaccinations through the International Organization for Migration*

**A. In connection with the Immigration Medical Examination (IME) required for my immigration to Canada and paid for by the Interim Federal Health Program (IFHP), I hereby agree as follows:**

1. I understand that IME is part of the resettlement process as required by Immigration Refugees and Citizenship Canada (IRCC). I understand that I have the right to refuse IME but accept that such refusal will have a negative impact on my application for immigration to Canada.
2. I understand that the International Organization for Migration (IOM) Medical Team may request me to undergo other examinations, certain medical tests, or treatment in order to complete the health assessment and/or to comply with the requirements of *Immigration and Refugee Protection Act* of Canada. For each of these requests, I understand that I will be presented with the medical admissibility implications, as well as consequences if I opt not to undergo specific examination, test or treatment.
3. I understand the importance of disclosing to the IOM medical team full and truthful information about my health, to the best of my awareness, in particular if I am pregnant, or if I am uncertain about my pregnancy status.
4. I authorize IOM medical personnel to perform IME and authorize IOM, its employees, medical personnel or its representative(s) to release IME results or records to Immigration Refugees and Citizenship Canada and Medavie Blue Cross for the administration of the Interim Federal Health Program. The IME includes, but is not limited to, a full physical examination, a questionnaire related to my past and current health condition(s), a chest x-ray, HIV and Syphilis blood tests, and a urine test.
5. If the results of this IME indicate that I have a medical condition related to a danger to public health, I understand that a condition of my admissibility to Canada may be a requirement to report to a provincial/territorial or local public health authority for a medical follow-up (medical surveillance) upon my arrival in Canada.
6. I understand that the by law all medical providers are obliged to report certain medical conditions to local authorities.

I agree  I do not agree

**B. In connection with vaccination(s) offered by the IOM and paid for by the Interim Federal Health Program, I hereby agree as follows:**

1. I give my permission to receive vaccine(s) for myself or my dependents and confirm that I have read the contents of the Vaccine Information Statements for the vaccines that has been given to me or my dependents and/or that it has been explained to me.
2. I acknowledge that I had the opportunity to ask questions and I confirm that I understand the benefits and risks of vaccine(s) offered to me and my dependents.
3. I understand that, according to the laws in Canada, I may refuse any vaccine based on my opposition to vaccination in any form, and that my refusal will not affect my eligibility for resettlement to Canada.
4. I authorize IOM, its employees, medical personnel or its representative(s) to administer vaccination(s) to me or my dependents
5. I authorize IOM, its employees, medical personnel or its representative(s) to release vaccination records to Immigration Refugees and Citizenship Canada and Medavie Blue Cross for the administration of the Interim Federal Health Program.

I agree  I do not agree

Client's name: \_\_\_\_\_ Signature: \_\_\_\_\_ date \_\_\_\_\_

*mm-dd-yyyy*

Guardian's name If client is under 16 y.o. \_\_\_\_\_ Signature: \_\_\_\_\_ date \_\_\_\_\_

*mm-dd-yyyy*

Counsellor's name \_\_\_\_\_ Signature: \_\_\_\_\_ date \_\_\_\_\_

*mm-dd-yyyy*

**CONSENT FORM** (for use by Independent Panel Sites not affiliated with IOM)

**Pre-Departure Medical Services of the Interim Federal Health Program,  
Immigration Refugees and Citizenship Canada**

*To be read and signed by all refugees overseas who are beneficiaries of the Interim Federal Health Program and receive vaccinations through panel physicians **NOT affiliated with International Organization for Migration***

**In connection with vaccination(s) offered by \_\_\_\_\_  
and paid for by the Interim Federal Health Program, I hereby agree as follows:**

Health-care provider name (printed)

1. I give my permission to receive vaccine(s) for myself or my dependents and confirm that I have read the contents of the Vaccine Information Statements for the vaccines that has been given to me or my dependents and/or that it has been explained to me.
2. I acknowledge that I had the opportunity to ask questions and I confirm that I understand the benefits and risks of vaccine(s) offered to me and my dependents.
3. I understand that, according to the laws in Canada, I may refuse any vaccine based on my opposition to vaccination in any form, and that my refusal will not affect my eligibility for resettlement to Canada.
4. I authorize the above health care provider(s), their employees, medical personnel or representative(s) to administer vaccination(s) to me or my dependents.
5. I authorize the above health care provider(s), their employees, medical personnel or representative(s) to release vaccination records to Immigration Refugees and Citizenship Canada and Medavie Blue Cross for the administration of the Interim Federal Health Program.

I agree

I do not agree

Client's name: \_\_\_\_\_ Signature: \_\_\_\_\_ date \_\_\_\_\_

*mm-dd-yyyy*

Guardian's name If client is under 16 y.o. \_\_\_\_\_ Signature: \_\_\_\_\_ date \_\_\_\_\_

*mm-dd-yyyy*

Counsellor's name \_\_\_\_\_ Signature: \_\_\_\_\_ date \_\_\_\_\_

*mm-dd-yyyy*

INTERIM FEDERAL HEALTH PROGRAM

| <b>Vaccination Documentation Worksheet</b><br><b>To Be Completed by Health Care Providers of the Interim Federal Health Program (IFHP) Overseas</b><br><b>GIVE COPY TO CLIENT</b> |      |      |      |                         |   |                            |                   |   |  |
|---|------|------|------|-------------------------|---|----------------------------|-------------------|---|--|
| Name (Last, First)  |      |      |      | Birth date (mm-dd-yyyy) |   | IME Exam date (mm-dd-yyyy) |                   | If vaccines not administered - indicate reason(s) below. Mark all that apply: A,B,C,D,E,F,G |  |
| IRCC Immigration application number:  |      |      |      | UCI number:             |   |                            |                   |   |  |
| <b>Immunization record:</b><br>Include vaccine history transferred from a reliable source/record. List chronologically from left to right. Provide date as mm-dd-yyyy             |      |      |      |                         | Include vaccine(s) provided by the Panel site |                            | Test for immunity |   |  |
| Vaccine   | Date | Date | Date | Date                    | Date  | Date                       | Date              | Date  |  |
| Diphtheria, Tetanus, Pertussis  |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> DTP, DTaP  |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> DT   |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> Td   |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> Tdap   |      |      |      |                         |   |                            |                   |   |  |
| Polio   |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> OPV  |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> IPV  |      |      |      |                         |   |                            |                   |   |  |
| Measles Mumps Rubella   |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> MMR  |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> Measles  |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> Mumps  |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> Rubella  |      |      |      |                         |   |                            |                   |   |  |
| Rotavirus   |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> RotaTeq (RV5)  |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> Rotarix (RV1)  |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> other rotavirus vaccine  |      |      |      |                         |   |                            |                   |   |  |
| Hib   |      |      |      |                         |   |                            |                   |   |  |
| Hepatitis A   |      |      |      |                         |   |                            |                   |   |  |
| Hepatitis B   |      |      |      |                         |   |                            |                   |   |  |
| Meningococcal vaccine   |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> MCV4 (conjugate)   |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> Other meningococcal vaccine  |      |      |      |                         |   |                            |                   |   |  |
| Varicella   |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> Vaccine  |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> Varicella history  |      |      |      |                         |   |                            |                   |   |  |
| Pneumococcal  |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> PCV 7 (conjugate)  |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> PCV 10 (conjugate)   |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> PCV 13 (conjugate)   |      |      |      |                         |   |                            |                   |   |  |
| <input type="checkbox"/> PPSV 23 (polysaccharide)   |      |      |      |                         |   |                            |                   |   |  |
| Influenza   |      |      |      |                         |   |                            |                   |   |  |
| Other   |      |      |      |                         |   |                            |                   |   |  |
| Other   |      |      |      |                         |   |                            |                   |   |  |
| Other   |      |      |      |                         |   |                            |                   |   |  |
| Health-care provider name (printed)   |      |      |      |                         |   | Provider signature/stamp   |                   | Date (mm-dd-yyyy)   |  |
| <i>I attest that I documented all reliable vaccination history and all vaccines administered by the panel site</i>  |      |      |      |                         |   |                            |                   |   |  |

## INTERIM FEDERAL HEALTH PROGRAM

Reason(s) for not providing vaccines: A - Not age appropriate; B - Insufficient time interval to complete series; C – contraindication; D - Not routinely available; E- Not flu season; F - Known hepatitis B infection, G - Applicant refused vaccinations

Contraindications:

- Pregnant
- Immune compromised
- History of allergic reaction to vaccine or vaccine component
- Other reaction to vaccine
- Current illness
- Other, specify:

Remarks (*document any vaccine-specific details including contraindications to vaccination or adverse events*):

