Health Screening Record

Child Life Studies
Midwifery Education Program
MSc Occupational Therapy Program
MSc Physiotherapy Program
Nursing Graduate and Undergraduate Programs
Physician Assistant Education Program
Undergraduate Medical Education Program

Health Screening Office
(905) 525-9140 x22249
Fax: (905) 528-4348
hrsadmin@mcmaster.ca

Rev. Sep, 2016

STUDENT INFORMATION:

Name (last): ______________________ Name (first): ______________________

Program: ______________________ Date of birth: ______________________

Start date: ____________ Email: ______________________

(This email address will be used for communication from the FHS Health Screening Office)

☐ I verify that this Record and all supporting documentation are true copies of the original and that to the best of my knowledge the information provided is accurate.

☐ I understand that I am required to inform the Assistant Dean of my Program of any infection with Hepatitis B, Hepatitis C or HIV.

Signature: ______________________ Date: ______________________

HEALTH CARE PROVIDER (HCP) INFORMATION: This Record must be completed by a licensed MD, RN, NP, or PA.
HCP initials verify they have either provided the service or they have seen the record.

HCP #1

Name: ______________________ Profession: ____________ Initials: ____________

Address: ______________________

Telephone: ______________________ Fax: ______________________

Signature: ______________________ Date: ______________________

HCP #2

Name: ______________________ Profession: ____________ Initials: ____________

Address: ______________________

Telephone: ______________________ Fax: ______________________

Signature: ______________________ Date: ______________________

The requirements on this Record are in accordance with the Ontario Hospital Association (OHA) Communicable Diseases Screening Protocols, the Council of Ontario Faculties of Medicine (COFM) Immunization Policy, and the Association of Faculties of Medicine of Canada (AFMC) Immunization and Testing Form.

GENERAL INSTRUCTIONS:

- Completion of this Record is a mandatory requirement for participation in clinical activities. Exemptions will only be allowed for medical reasons, in which case a note from a physician must be included.
- Attach copies of vaccination records if available – HCP signatures/initials are not required on the corresponding sections in this Record. Translate documents into English, if applicable. Submit the entire McMaster Record along with your documentation.
- **Copies of required laboratory and x-ray reports (if applicable) must be attached.**
- If specific requirements are incomplete by the deadline for submission, submit completed documentation on time with a note of explanation.
- Keep the **original** of all documents for your files in case they are required by your clinical placement. **Documents submitted to the FHS Health Screening Office are not returned.**

More information and instructions for submission can be found on the Health Screening website:

McMaster First Year Students Health Screening

If you have any questions, please contact the FHS Health Screening Office: 905-525-9140 ext 22249, hrsadmin@mcmaster.ca

McMaster University values your privacy. Personal information provided on this Record and supporting documentation is protected and is being collected pursuant to the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). This information will be held in strict confidence within the Faculty of Health Sciences Health Screening Office and only disclosed as needed with the consent of the student.

1. TUBERCULOSIS (TB)

A. TB Skin Tests (TSTs):

- Do not give TST if history of positive TST or positive IGRA or active TB disease.
- TSTs must be given BEFORE or at least four weeks AFTER live vaccines (MMR, Varicella).
- BCG vaccination is not a contraindication to TB skin testing.

Document negative two-step TST given at any time in the past (two tests 7-28 days apart)

If no record of a two-step TST, and no previous positive TST, a new two-step TST is required, unless a single TST was given within the last 12 months, in which case another single TST is required – document both tests as Step One and Step Two

TB Skin Tests (TSTs)

	Date Given	Date Read	mm Induration	HCP Initials
Step One				
Step Two				

+/- Additional single TST within 6 months of start date if not included above

+/-				

If baseline TB screening negative, annual TST will be required during program. Additional TST will also be required eight or more weeks after significant exposure to infectious TB disease.

B. Positive TST or positive IGRA serology or history of active TB disease (attach details)

Chest x-ray required: **Report must be attached** (must be subsequent to the positive test)

Chest x-ray date	Result

Positive TST

Date Given	Date Read	mm Induration	HCP Initials

History of BCG: Yes ☐ No ☐ Unknown ☐

Student must verify:		Student Initials
	I have received medical assessment and education of the positive result by a physician	
	I will report any symptoms of active tuberculosis disease to a physician and to my Program Office (persistent cough > 2 weeks, bloody sputum, night sweats, fever, unexplained weight loss)	

2. PERTUSSIS VACCINE (Tdap)

If currently age 18 years or older:

Document one pertussis vaccine age 18 years or older

- One-time adult dose required, even if not due for a tetanus diphtheria booster.
- Interval between last tetanus diphtheria booster and adult pertussis vaccine does not matter.
- Adult dose is in addition to the routine adolescent booster.

If currently less than age 18 years:

Document adolescent pertussis vaccine age 14-17 years.

Pertussis vaccine (Tdap)

(brand names Adacel, Boostrix, Repevax, DTCoq)

Vaccine * ____________

* The precise type of vaccine must be known. If information on the name of the vaccine given is no longer available, repeat the immunization.

Date	Age (years)	HCP Initials

3. TETANUS, DIPHTHERIA & POLIO

Document most recent three vaccinations

- Include at least one Td or Tdap vaccination in last 10 years and one polio vaccination age 4 years or older

If unable to locate childhood records, start or complete new series (3 vaccines each):

Vaccine #2 given two or more months after Vaccine #1
Vaccine #3 given six or more months after Vaccine #2

Most recent three vaccinations

	Tetanus Diphtheria	Polio	HCP Initials
#1			
#2			
#3			

4. INFLUENZA

Students must have proof of vaccination with current season's vaccine available in case it is required by the clinical placement site.

4. HEPATITIS B VIRUS (HBV)

Document Hepatitis B vaccinations

- Do not vaccinate if serology for HBsAg positive
- 2-dose schedule only for Recombivax age 11-15 years
- If starting new primary series, 3-dose schedule (0, 1, 6 months) recommended over rapid 4-dose schedule

Document anti-HBs serology (test for immunity to HBV) one or more months after primary vaccination series completed.

Document HBsAg serology (test for chronic HBV infection)

- Must be dated on or after anti-HBs serology.
- If not immune after completion of primary vaccination series, repeat tests for HBsAg with subsequent testing for anti-HBs after boosters may be omitted if low risk for infection.

❖ Anti-HBs ≥ 10 IU/L: Immune. STOP HERE

❖ Anti-HBs < 10 IU/L: Not immune

- If more than 6 months since primary series completed and HBsAg negative, give one booster dose vaccine and repeat anti-HBs one month later.
  - ➢ If repeat anti-HBs not immune, give two additional doses vaccine 5 months apart and repeat anti-HBs one month later.
- If 1-6 months since primary series completed and HBsAg negative, give second vaccination series (0, 1, 6 months) and repeat anti-HBs one month later.

❖ Anti-HBs < 10 IU/L after two documented vaccination series: Vaccine non-responder. Immune globulin may be required in the event of possible exposure.

HBV Vaccinations

	Date	Vaccine name (if known)	HCP Initials
#1			
#2			
+/- #3			
+/- #4			
+/- #5			
+/- #6			

HBV Serology -- Report must be attached

	Date	Result
Anti-HBs		
+/- repeat		
+/- repeat		
HBsAg		
+/- repeat		

- Students without documented proof of immunity (anti-HBs ≥ 10 IU/L) are considered susceptible to HBV infection in the event of possible exposure.
- Students who are vaccine non-responders or HBsAg positive should see a physician for further assessment and must report status to the Assistant Dean.

5. MEASLES, MUMPS, RUBELLA, VARICELLA

- If no record of measles, mumps or rubella vaccinations, recommend giving two doses MMR vaccine without checking serology for immunity first (regardless of age).
- If no record of varicella vaccinations, serology for immunity should be tested first.
- Serology after one or more vaccinations should NOT be done. If record of one vaccination, give second vaccination.
- If serology is mistakenly done after two vaccinations and does not show immunity, discard the results and DO NOT give a booster dose of vaccine.
- If previous serology shows immunity, repeat serology should not be done.

Two doses vaccine

At least 4 weeks apart

	Vaccine #1	Vaccine #2	HCP Initials
Measles			
Mumps			
Rubella			

At least 6 weeks apart

	Vaccine #1	Vaccine #2	HCP Initials
Varicella			

Laboratory proof of immunity (IgG antibody)
Report must be attached

** If record of one or more vaccinations, serology should NOT be done **

Measles ☐ Mumps ☐ Rubella ☐ Varicella ☐

SUGGESTED REQUIREMENTS:

☐ HCV and HIV serology – strongly recommended

☐ Meningitis – Men-C-ACWY vaccination (Menactra)

☐ Polio -- One booster dose vaccine ≥ age 18 years recommended for travel to countries where poliomyelitis is prevalent