

SUBMIT THIS PAGE WITH RECORDS ATTACHED

**STUDENT INFORMATION:** PRINT CLEARLY

Name (last): \_\_\_\_\_ Name (first): \_\_\_\_\_

McMaster start date: \* \_\_\_\_\_ Date of birth: \_\_\_\_\_

\* Includes PEAP and PRP2

Email (required): \_\_\_\_\_

Visiting elective residents or fellows ONLY:

Home University or Hospital: \_\_\_\_\_ Country: \_\_\_\_\_

McMaster University Postgraduate Medical Education health screening requirements are in keeping with COFM Immunization Policy and comply with Joint OHA/OMA Communicable Diseases Surveillance Protocols, in accordance with Regulation 965, Section 4 of the Public Hospitals Act. Personal health information is held in confidence by the Health Screening Office and only disclosed as needed with the consent of the student.

**GENERAL INSTRUCTIONS:**

- Detailed requirements are listed on page 2.
- Complete the Positive TB Verification or Previous Negative TST Update on page 3 only if required.
- Attach copies of official records for each requirement OR have a qualified health care professional (HCP) document the requirement on page 4 (copy page 4 for each HCP who provides documentation). Official records include lab reports, chest x-ray report, vaccination records, letter or form signed by a qualified HCP. AFMC Student Portal Immunization and Testing form and CANADIAN University immunization form are also accepted.
- Translate documents into English if applicable (student may translate).
- Keep a copy of all documentation for your files.

Submit at least EIGHT weeks prior to the McMaster start date to the Health Screening Office (not the PG Program Office).

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

[https://fhs.mcmaster.ca/healthscreening/postgraduate\\_medical\\_students.html](https://fhs.mcmaster.ca/healthscreening/postgraduate_medical_students.html)

Health Screening Office contact: [hadmin@mcmaster.ca](mailto:hadmin@mcmaster.ca), 905-525-9140 ext 22249, confidential fax 905-528-4348

**1. TUBERCULOSIS (TB):** \*\* Tuberculin skin tests (TST) must be fully documented with date and mm induration \*\*

- A. TWO-STEP TST required unless a positive TST or other positive TB history is documented. A two-step TST is two separate tests, ideally 7-28 days apart but may be spaced up to 12 months apart, and given either BEFORE or at least 28 days AFTER a live vaccine (MMR, Varicella). A two-step TST from any time in the past is accepted and does not need to be repeated.
- B. If a negative two-step TST was completed more than 12 months ago, document an additional SINGLE TST within the last 12 months. **Exception** – Visiting elective residents attending a CANADIAN University need to complete the Previous Negative TST Update on page 3 if the most recent negative TST was completed more than 12 months ago.
- C. **Alternative for international visiting elective residents or fellows ONLY who cannot access a TST in their home country:** Negative IGRA serology (Quantiferon or T-Spot) within the last 12 months – attach report.

**Positive TST or other positive TB history documented:** Do not have a repeat TST. Attach a chest x-ray report dated subsequent to the positive TST or other positive TB history. If the initial x-ray is negative, a more recent x-ray is not required unless the student has symptoms of possible TB disease.

\* PLUS student to sign the Positive TB Verification on page 3.

**2. PERTUSSIS:**

ONE adult Tdap vaccine (tetanus/diphtheria/pertussis) **AGE 18 YEARS OR OLDER** mandatory for health care workers/learners, even if not due for a booster; interval from last Td or Tdap does not matter. NOTE: If vaccine is unavailable in student's home country, this must be completed in Canada prior to program start.

**3. TETANUS, DIPHTHERIA, POLIO:** (may be in process at program start)

DOCUMENTED vaccination series required – minimum THREE doses; minimum one month between the first two doses; minimum six months between the last two doses; last tetanus/diphtheria vaccination within the last 10 years.

**4. MEASLES, MUMPS, RUBELLA, VARICELLA:** \*\* Complete TB Screening BEFORE giving live vaccines (MMR, Varicella) \*\*

Document TWO measles vaccines, TWO mumps vaccines, ONE rubella vaccine, TWO varicella vaccines

◀ OR ▶ Positive IgG antibody serology – attach report.

NOTE: Vaccines must be given age 12 months or older and spaced at least 28 days apart. Booster doses beyond the required vaccines are not necessary (even if IgG antibody serology is negative). MMR and Varicella vaccines may be given at the same time, otherwise they must be spaced at least 28 days apart. Do not test serology after vaccination or repeat previous serology.

**5. HEPATITIS B:** (may be in process at program start)

- A. DOCUMENTED vaccination series required (unless immunity due to naturally acquired infection or chronic Hepatitis B infection is documented). See Canadian Immunization Guide for recommended dosages and schedules.
- B. TEST FOR IMMUNITY (anti-HBs = Hepatitis B surface ANTIBODY) required one or more months after a documented vaccination series – attach report. NOTE: Positive anti-HBs serology alone is not considered proof of immunity by the Canadian Immunization Guide if documented vaccines are missing or incomplete.
  - Immune after documented vaccination series (anti-HBs ≥ 10 IU/L): Further vaccines or repeat serology not recommended.
  - Not immune after ONE documented series: Booster dose(s) vaccine plus repeat anti-HBs serology required.
    - ONE booster if series completed more than 6 months ago and two additional boosters spaced 5 months apart if not immune after the first booster
    - Second series (3 doses given at 0, 1, 6 months) if series completed 1-6 months ago.
  - Not immune after TWO documented series: Student is a vaccine non-responder and unlikely to benefit from further immunizations.

NOTE: Students without proof of immunity to Hepatitis B (either positive anti-HBs after a fully documented vaccination series or positive anti-HBs AND positive anti-HBc after naturally acquired infection) may need passive immunization with hepatitis B immune globulin in the event of possible exposure (e.g. percutaneous injury or mucosal splash).

**6. BLOOD BORNE VIRUSES:** Hepatitis B Virus, Hepatitis C Virus, Human Immunodeficiency Virus (HIV)

Students must comply with the CPSO Blood Borne Viruses Policy and self-report any infection to the McMaster University Associate Dean of Postgraduate Medical Education; documentation is not required by the Health Screening Office.

**7. INFLUENZA:**

Annual influenza immunization for clinical placements occurring between November and June required. Student to provide proof of immunization directly to the placement site; documentation is not required by the Health Screening Office.

**POSITIVE TB VERIFICATION: \*\* Required only if a positive TST or positive IGRA other positive TB history documented \*\***

Student to verify the following:

- I have documented a positive TST or positive IGRA serology or other positive TB history and a negative chest x-ray.
- I do not currently have any symptoms of active TB disease (cough lasting three or more weeks; hemoptysis; shortness of breath; chest pain; fever; chills; night sweats; unexplained or involuntary weight loss).

**Student name (last):** \_\_\_\_\_ **(first):** \_\_\_\_\_

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PREVIOUS NEGATIVE TST UPDATE: \*\* Applies only to visiting elective students attending CANADIAN Universities \*\***

Canadian home University postgraduate program start date (month/year): \_\_\_\_\_

**If no previous positive TST or positive TB history:**

- A.** Document a negative TWO-STEP TST from any time in the past, **AND**
- B.** Document a more recent negative SINGLE TST if the two-step TST was completed more than 12 months prior to the home University postgraduate program start date, **AND**
- C.** If the most recent negative TST was completed more than 12 months ago, student to answer the following questionnaire:

TB Exposures: Do any of the following apply since the last negative TST?

- Yes  No Significant exposure to an individual with active (infectious) TB disease (i.e. lived with or had an intimate relationship with someone with active TB, or notified by Occupational Health or Public Health about possible exposure to active TB)
- Yes  No Clinical placement in health care facility with high risk of exposure to infectious TB disease.
- Yes  No Lived or worked in a country with high incidence of active TB disease (30 or more cases per 100,000) See rate in first column at [http://www.who.int/tb/publications/global\\_report/gtbr2017\\_annex4.pdf?ua=1](http://www.who.int/tb/publications/global_report/gtbr2017_annex4.pdf?ua=1)

Exposure criteria for post-travel TB testing:

- ≥ 1 month of travel to TB incidence country ≥ 30/100,000 population with high-risk contact, particularly direct patient contact in a hospital or indoor setting, but possibly including work in prisons, homeless shelters, refugee camps or inner-city slums.
- ≥ 3 months of travel to TB incidence country > 400/100,000 population
- ≥ 6 months of travel to TB incidence country 200-399/100,000 population
- ≥ 12 months of travel to TB incidence country 100-199/100,000 population

If “Yes” applies to one or more questions, document a single TST eight or more weeks post-exposure.

**Student name (last):** \_\_\_\_\_ **(first):** \_\_\_\_\_

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Student name (last): \_\_\_\_\_ (first): \_\_\_\_\_

HCP to document requirements for TB screening and/or vaccinations below. ATTACH COPIES OF REQUIRED REPORTS.

1. TB:	DATE TST given	DATE TST read	mm induration	Interpretation	HCP Initials
Step one					
Step two					
+/-					

NOTE: Complete TB screening BEFORE giving a live vaccine (MMR, Varicella). Step one and step two spaced 7 days – 12 months apart. Positive TST or other positive TB history documented: Attach a chest x-ray report. Student to sign Positive TB Verification on page 3.

2. PERTUSSIS:	DATE Tdap vaccine ≥ age 18 years	Vaccine type (required)	AGE	HCP Initials

3. TDPOLIO:	DATE Tetanus/Diphtheria vaccine	DATE Polio vaccine	HCP Initials
Minimum 3 doses – minimum 1 month between the 1st two doses, minimum 6 months between the last two doses.			

4.	DATE Vaccine #1 (≥ age 12 months)	DATE Vaccine #2 (≥ 28 days after #1)	HCP Initials	◀ OR ▶
<b>MEASLES:</b>				Attach report for IgG antibody serology (do not test after vaccination).
<b>MUMPS:</b>				
<b>RUBELLA:</b>				
<b>VARICELLA:</b>				

NOTE: Booster doses beyond the required vaccines are NOT necessary even if IgG antibody serology is negative. MMR and Varicella vaccines may be given at the same time, otherwise they must be spaced at least 28 days apart.

5. HEPATITIS B:	DATE Hepatitis B Vaccine	Vaccine type and dosage (if known)	AGE	HCP Initials
◀ PLUS ▶ Attach report for anti-HBs serology				

**HEALTH CARE PROFESSIONAL (HCP) INFORMATION:** HCP initials above verify they have either provided the service or they have reviewed the student's adequately documented records. The item(s) documented must be within the HCP's scope of practice.

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office stamp or address/telephone: \_\_\_\_\_