

## Year 1 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 Medicine Program

Congratulations on admission to the Faculty of Health Sciences (FHS) at McMaster University. Completion of a Health Screening Record is a mandatory requirement for registration in your program, and for participation in clinical activities. It can take several weeks to complete so start early! **Review the requirements carefully to ensure accuracy and avoid delay in clinical clearance.**

- The requirements in this Record are in accordance with the Ontario Hospital Association (OHA) Communicable Diseases Screening Protocols and the Council of Ontario Faculties of Medicine (COFM) Immunization Policy. All sections are mandatory except for the suggested requirements on page 5. Exemptions will only be allowed for medical reasons, in which case a note from a physician must be included.
- This Record must be completed by a licensed Health Care Provider (HCP) – physician, registered nurse, nurse practitioner. Every HCP who completes any part of this Record must complete the HCP information section on page 2 and initial the applicable sections. HCP initials verify they have either provided the service or they have seen the student's record.
- \*\* Copies of required laboratory and x-ray reports (if applicable) must be attached. \*\***
- Attach copies of other supporting documentation if available, such as official vaccination records, records from other institutions, or a letter from a physician if applicable – HCP signatures/initials for the corresponding sections on this Record are not required. Translate documents into English, if applicable. Make sure your name is on every page. Submit the entire McMaster Record along with your documentation.
- Be sure to complete and sign the student information section on page 2**
- If completion of specific requirements is still in process by the deadline for submission, submit completed documentation on time with a note of explanation.
- Once the completed Health Screening Record is reviewed and cleared, a Certificate of Clinical Clearance will be issued.

**N.B. Keep the original of this Record and supporting documentation for your files. Documents submitted to the FHS Health Screening Office are not returned.**

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

**Please submit by the deadline date below to allow for processing and clearance to:**

FHS HEALTH SCREENING OFFICE (not your Program Office)

**Preferred:** Submit electronically via secure ShareFile on the McMaster Health Screening website  
<http://fhs.mcmaster.ca/healthscreening/firstyearstudents.html>

Other options: Confidential Fax: 905-528-4348  
In Person / Mail **copies only:** 1280 Main Street West, MDCL 3514, Hamilton ON L8S 4K1  
(Emailing personal health information is not recommended)

### ***Deadline Date July 15 prior to Year 1***

Midwifery Education Program  
Nursing Graduate Program  
➤ MScN Course Based  
➤ MScN Thesis Based  
➤ MScN PHCNP  
➤ PHCNP Graduate Diploma  
Physician Assistant Education Program  
Undergraduate Medicine Program

### ***Deadline Date July 31 prior to Year 1***

Child Life Studies  
MSc Occupational Therapy Program  
MSc Physiotherapy Program  
Nursing Undergraduate Program  
➤ BScN Accelerated Stream F  
➤ BScN Basic Stream A

*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.*

**STUDENT INFORMATION:**

Name (last): \_\_\_\_\_ Name (first): \_\_\_\_\_  
 Program: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Student #: \_\_\_\_\_ 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 it is my responsibility to retain the original of all documentation related to the Health Screening Record for the duration of my program at McMaster.  
☐ I understand that it is my ethical and professional obligation to inform the Assistant Dean of my Program of any infection with Tuberculosis, Hepatitis B, Hepatitis C and/or HIV.  
☐ **I understand that failure to complete the requirements on this Record, plus any future new requirements, may result in delays and/or removal from participation in clinical activities.**

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

**HEALTH CARE PROVIDER (HCP) INFORMATION:**

Every HCP who completes any part of this Record must complete this section. HCP initials verify they have either provided the service or they have seen the student's record. (Attach additional sheet if required.)

**HCP #1**

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HCP #2**

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HCP #3**

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 1. TUBERCULOSIS (TB):** Complete A and/or B**A. TB Skin Tests:**

Document record of previous two-step TB skin test given at any time in the past (two tests 7-28 days apart)

OR If no record of previous two-step TB skin test and:

- No tests in last 12 months ➤ Two-step TB skin test required (two tests 7-28 days apart)  
One test in last 12 months ➤ Second test required. Document both tests as Step One and Step Two  
Two tests in last 12 months ➤ Document both tests as Step One and Step Two

- TB skin tests must be given BEFORE or at least 4 weeks AFTER live vaccines (MMR, Varicella).
- TB skin tests must be spaced at least 7 days apart and read by a HCP after 48-72 hours.
- Do not give TB skin tests if there is a documented history of a positive TB skin test or active TB disease.
- BCG vaccination is not a contraindication to TB skin testing.

	Date Given dd/mm/yyyy	Date Read dd/mm/yyyy	mm Induration	Interpretation	HCP Initials
Step One					
Step Two					

Additional TB Skin test required after January 1<sup>st</sup> this year if not included above

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**B. Complete if positive TB skin test or history of active TB disease:**

	Date Given dd/mm/yyyy	Date Read dd/mm/yyyy	mm Induration	HCP Initials
Positive Test				

Chest X-Ray required (must be subsequent to positive test) Report attached: ☐

YES

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


**Section 2. MEASLES, MUMPS, RUBELLA & VARICELLA:** Two doses vaccine OR Laboratory proof of immunity

- If born 1970 or later, MMR vaccination (2 doses) is strongly recommended over serologic testing for immunity.
- Serologic testing for immunity is not recommended before or after MMR vaccination. If serology is inadvertently done subsequent to two MMR vaccines and does not demonstrate immunity, re-vaccination is not necessary.

**Two doses vaccine at least 4 weeks apart****OR  
Laboratory proof of immunity**

	#1 dd/mm/yyyy	#2 dd/mm/yyyy	HCP Initials
Measles			
Mumps			
Rubella			

<u>OR</u> Measles IgG Ab	Report attached: <input type="checkbox"/>
<u>OR</u> Mumps IgG Ab	Report attached: <input type="checkbox"/>
<u>OR</u> Rubella IgG Ab	Report attached: <input type="checkbox"/>

- If history of chicken pox or shingles, laboratory proof of immunity to naturally acquired varicella/zoster required.
- Serologic testing for immunity after Varicella vaccination is unreliable and not recommended.
- MMR and Varicella vaccines may be given at the same time, otherwise they must be spaced at least 4 weeks apart.

**Two doses vaccine at least 6 weeks apart****OR  
Laboratory proof of immunity**

	#1 dd/mm/yyyy	#2 dd/mm/yyyy	HCP Initials
Varicella			

<u>OR</u> Varicella IgG Ab	Report attached: <input type="checkbox"/>
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**Section 3. HEPATITIS B (HBV):** Primary vaccination series **PLUS** Anti-HBs serology**Hepatitis B Primary Vaccination Series** (2 dose schedule only if given age 11-15 years)

	#1 dd/mm/yyyy	#2 dd/mm/yyyy	+/- #3 dd/mm/yyyy	HCP Initials
HBV primary series				

**Plus Anti-HBs serology** ( $\geq$  one month > primary series) Report attached: ☐ **STOP here if  $\geq 10$  IU/L (immune)**

- ❖
- Anti-HBs after documented primary series < 10 IU/L (not immune)
- One booster dose vaccine required

	#1 dd/mm/yyyy	HCP Initials
HBV booster #1		

Repeat Anti-HBs serology one month > booster #1 Report attached: ☐ **STOP here if  $\geq 10$  IU/L (immune)**

- ❖
- Anti-HBs after booster #1 < 10 IU/L (not immune)
- Continue two additional booster doses vaccine

	#2 dd/mm/yyyy	#3 dd/mm/yyyy 5 months > Booster #2	HCP Initials
HBV boosters #2 & #3			

Repeat Anti-HBs serology one month > booster #3 Report attached: ☐ **STOP here if  $\geq 10$  IU/L (immune)**

- ❖
- Anti-HBs after booster #3 < 10 IU/L (not immune)
- HBs Antigen serology required Report attached:
- ☐

HBs Antigen negative: Non-responder. Not immune. Report status to the Assistant Dean of your program.

HBs Antigen positive: HBV Infection. Report the positive result to the Assistant Dean of your program.

**Section 4. PERTUSSIS:** Tdap vaccine (Adacel, Boostrix, Repevax, DTCoc)

If currently age 18 years or older: The Ontario Hospital Association requires that all adult ( $\geq$  age 18 years) health care workers, regardless of age, receive a single dose of pertussis vaccine (Tdap), if not previously received in adulthood, *even if not due for a tetanus diphtheria booster*. The interval between the last tetanus diphtheria booster and the adult Tdap vaccine does not matter. The adult dose is in addition to the routine adolescent pertussis booster.

If currently < age 18 years: Document record of adolescent Tdap vaccine given age 14-17 years

Tdap vaccine brand name	Date dd/mm/yyyy	Age (years)	HCP Initials

**Section 5. TETANUS, DIPHTHERIA & POLIO:** Primary vaccination series + boosters if required

- Document record of tetanus, diphtheria and polio vaccinations received to date – Full primary series is 3 vaccines each.
- If unable to locate childhood vaccination records, you must start a new primary series (3 doses)**  
Adult vaccination schedule: Vaccine #2  $\geq 2$  months after vaccine #1, Vaccine #3  $\geq 6$  months after Vaccine #2
- Require at least one polio vaccine age 4 years or older plus at least one tetanus diphtheria vaccination in last 10 years, in primary series or booster.

	#1 dd/mm/yyyy	#2 dd/mm/yyyy	#3 dd/mm/yyyy	HCP Initials
Tetanus, Diphtheria				
Polio				

	+/- #4 dd/mm/yyyy	+/- #5 dd/mm/yyyy	+/- #6 dd/mm/yyyy	HCP Initials
Tetanus, Diphtheria				
Polio				

**SUGGESTED REQUIREMENTS:**

The following are **not** requirements of the Faculty of Health Sciences at McMaster University; **however** one or more may be mandatory for some elective or clinical placements.

- ☐ Influenza – Vaccination with current season's vaccine by December 1<sup>st</sup> each year strongly recommended
- ☐ Meningitis – Men-C-ACWY vaccination (Menactra)
- ☐ Hepatitis A vaccination – Recommended for travel to endemic areas
- ☐ Polio – One booster dose vaccine  $\geq$  age 18 years recommended for travel to countries where poliomyelitis is prevalent
- ☐ Blood Borne Viruses – strongly recommended
  - Hepatitis B (HBV) – HBV Surface Antigen (HBsAg) serology
  - Hepatitis C (HCV) – HCV Antibody serology
  - HIV – HIV Antibody serology

**N.B.** Students who are infected with Hepatitis B, Hepatitis C and/or HIV must self-report their status to the Assistant Dean of their program.