



# 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

(rev. July, 2016)

### **STUDENT INFORMATION:**

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

Program: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Year 1: \_\_\_\_\_ 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 ethical and professional obligation to inform the Assistant Dean of my Program of any infection with Tuberculosis, 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: \_\_\_\_\_

### **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 completion of specific requirements is still in process by the deadline for submission, submit completed documentation on time with a note of explanation. Provisional clearance will be granted if vaccinations for Hepatitis B and/or Tetanus Diphtheria & Polio are still in process at the start of your program.
- 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:

<http://fhs.mcmaster.ca/healthscreening/firstyearstudents.html>

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

**A. TB Skin Tests:**

**TB Skin Tests**

Document negative two-step TB skin test given at any time in the past (two tests 7-28 days apart)  
 If no record of a two-step test, and no previous positive test, a new two-step test is required, unless a single-step test was given within the last 12 months, in which case another single-step test is required -- document both tests as Step One and Step Two

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

- Do not give TB skin tests if history of positive TB skin test (usually ≥ 10 mm) or active TB disease.
- TB skin tests must be given BEFORE or at least four weeks AFTER live vaccines (MMR, Varicella).
- BCG vaccination is not a contraindication to TB skin testing.

Additional test required after Mar 1<sup>st</sup> this year if not included above  
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**B. Positive TB skin test or positive IGRA serology or history of active TB disease:**

**Positive TB Skin Test**

Chest x-ray required.

Report must be attached: (must be subsequent to the positive test)

Date Given	Date Read	mm Induration	HCP Initials

History of BCG: Yes  No  Unknown

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)

Initials 


**2. HEPATITIS B VIRUS (HBV)**

Document Hepatitis B primary vaccination series

- 2-dose schedule only if given age 11-15 years
- 4<sup>th</sup> dose only in rapid schedule 12 months after 3<sup>rd</sup> dose

Vaccine #1	Vaccine #2	HCP Initials

+/- Vaccine #3	+/- Vaccine #4	HCP Initials

Serology for immunity to HBV (anti-HBs) required: (one or more months after primary series completed)

Report must be attached:

≥ 10 IU/L: Immune. Repeat serology should not be done.  
 < 10 IU/L: Not immune. Booster dose(s) vaccine required.

Baseline HBsAntigen serology recommended (not mandatory):

Report must be attached: (must be dated on or after initial test for anti-HBs)

Negative: + Anti-HBs ≥ 10 IU/L: **STOP here.**  
 + Anti-HBs < 10 IU/L: Booster dose vaccine required.

Positive: HBV infection. **STOP here.**  
 Report status to Assistant Dean.

❖ Anti-HBs after documented primary series < 10 IU/L:

Not immune: One booster dose vaccine required

HBV Booster #1	Date	HCP Initials

Repeat Anti-HBs serology one month after Booster #1:

Report must be attached:  **STOP here** if ≥ 10 IU/L

❖ Anti-HBs after Booster #1 < 10 IU/L:

Two additional booster doses vaccine required

HBV Booster #2	Date	HCP Initials
HBV Booster #3	Date	HCP Initials

(5 months after Booster #2)

Repeat Anti-HBs serology one month after Booster #3:

Report must be attached:  **STOP here** if ≥ 10 IU/L

❖ Anti-HBs after Booster #3 < 10 IU/L:

HBsAntigen serology **required** if baseline not already done

Report must be attached:

Negative: Non-responder. Not immune.

Positive: HBV infection.

Report status to Assistant Dean.

**3. MEASLES, MUMPS, RUBELLA, VARICELLA**

Document ◀ EITHER ▶

Two doses vaccine

◀ OR ▶

Laboratory proof of immunity to naturally acquired infection

- Serology for immunity after one or more vaccinations is unreliable and should NOT be done.
- If record of one vaccine, a second vaccine should be given.
- If serology is mistakenly done after two vaccinations and does not show immunity, discard the results and DO NOT re-vaccinate.
- If previous serology shows immunity, repeat serology should not be done.
- MMR and Varicella vaccines may be given at the same time or spaced at least 4 weeks apart from each other.

**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			

◀ OR ▶

**Laboratory proof of immunity (IgG antibody)**

Report must be attached

Measles  Mumps  Rubella  Varicella

**4. PERTUSSIS VACCINE (Tdap)**

**If currently age 18 years or older:**

Document one pertussis vaccine age 18 years or older

- Single 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 include Adacel, Boostrix, Repevax, DTCoq)

Vaccine:

Date	Age (years)	HCP Initials

**5. TETANUS, DIPHTHERIA & POLIO**

Document most recent three vaccinations for Tetanus, Diphtheria and Polio

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

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			

**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 placements:

- Influenza – Vaccination with current season's vaccine by December 1<sup>st</sup> each year 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
- 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 HBV, HCV and/or HIV must self-report their status to the Assistant Dean of their Program.