



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. May, 2016)

STUDENT INFORMATION:

Name (last): _____ Name (first): _____
 Program: _____ Date of birth: _____
 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 #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 registration in your program, and for participation in clinical activities.
- All sections are mandatory except for the suggested requirements on page 3. 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. Make sure your name is on every page. **Copies of required laboratory and x-ray reports (if applicable) must be attached.** Submit the entire McMaster Record along with your documentation.
- 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 in process.
- After your documentation is reviewed and cleared, a Certificate of Clinical Clearance will be issued.
- 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, 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) Complete A or B

A. TB Skin Tests:

Document 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, 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

- Do not give TB skin tests if history of positive TB skin test (usually ≥ 10 mm induration), or active TB disease.
- TB skin tests must be spaced at least 7 days apart and read by a HCP after 48-72 hours.
- 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

TB Skin Tests

	Date Given dd/mm/yyyy	Date Read dd/mm/yyyy	mm Induration	HCP Initials
Step One				
Step Two				
Additional test required after March 1 st this year if not included above				
+/-				

B. Positive TB skin test or positive IGRA serology or history of active TB disease:

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

History BCG: Yes No

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)

Positive TB Skin Test

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

Initials

2. HEPATITIS B VIRUS (HBV)

Document Hepatitis B primary vaccination series PLUS Anti-HBs serology to assess immune status

HBV primary vaccination series:

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

	Date dd/mm/yyyy	HCP Initials
#1 HBV		
#2 HBV		
+/- #3 HBV		
+/- #4 HBV		

Anti-HBs serology ≥ one month after primary series completed:

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

Anti-HBs ≥ 10 IU/L: Immune
Boosters not required
Repeat serology not required

Anti-HBs < 10 IU/L: Not immune
Booster(s) required

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

One booster dose vaccine required

HBV Booster #1	Date dd/mm/yyyy	HCP Initials

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

Report 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 dd/mm/yyyy	HCP Initials
HBV Booster #3		

(5 months > Booster #2)

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

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

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

HBsAntigen serology required: Report attached:

HBsAntigen negative: Non responder. Not immune.

HBsAntigen positive: HBV infection

Report status to the Assistant Dean of your Program.

3. MEASLES, MUMPS, RUBELLA, VARICELLA

Document either two doses vaccine
 ◀ OR ▶ laboratory proof of immunity

- If born 1970 or later, MMR vaccination strongly recommended over serologic testing for immunity.
- Serologic testing for immunity before or after MMR vaccination is not recommended. If testing is done subsequent to two MMR vaccines and does not show immunity, re-vaccination is not necessary.
- If history of chicken pox or shingles, laboratory proof of immunity to varicella/zoster required (IgG Ab).
- Serologic testing for immunity after Varicella vaccination is unreliable and not recommended.
- MMR and Varicella vaccines may be given at the same time or spaced at least 4 weeks apart.
- If previous serology shows immunity, repeat serology is not required.

Two doses vaccine

	At least 4 weeks apart		HCP
	#1 dd/mm/yyyy	#2 dd/mm/yyyy	Initials
Measles			
Mumps			
Rubella			

	At least 6 weeks apart		HCP
	#1 dd/mm/yyyy	#2 dd/mm/yyyy	Initials
Varicella			

◀ OR ▶

Laboratory proof of immunity

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

4. PERTUSSIS VACCINE (Tdap)

If currently ≥ age 18 years:

Document one adult tetanus diphtheria acellular pertussis (Tdap) vaccine age 18 years or older

- Required by the Ontario Hospital Association, even if not due for a tetanus diphtheria booster.
- Interval between last tetanus diphtheria booster and adult Tdap vaccine does not matter.
- Adult dose is in addition to the routine adolescent booster.

If currently < age 18 years:

Document adolescent Tdap vaccine age 14-17 years

Tdap vaccine

Brand names include Adacel, Boostrix, Repevax, DTCoq

Vaccine Name	Date dd/mm/yyyy	Age (years)	HCP
<input type="text" value=""/>			Initials

5. TETANUS, DIPHTHERIA & POLIO

Document the most recent three doses of Tetanus, Diphtheria and Polio vaccinations

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

If no records, start new series:

Vaccine #2 ≥ 2 months after Vaccine #1
 Vaccine #3 ≥ 6 months after Vaccine #2

Three doses vaccine

	Tetanus Diphtheria	Polio	HCP
	dd/mm/yyyy	dd/mm/yyyy	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 1st 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.