



# 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 Medical Education Program

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

Rev. Oct, 2016

### STUDENT INFORMATION:

Name (last): \_\_\_\_\_ Name (first): \_\_\_\_\_  
Program: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Start date: \_\_\_\_\_ Email: \_\_\_\_\_

(This email 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](mailto: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 (TST):**

- 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 required. Document both tests as Step One and Step Two.

**Two-step TST:**

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

If two-step test negative:

Additional single TST required after March 1<sup>st</sup> this year if not included above

+/-	Date Given	Date Read	mm Induration	HCP Initials

If baseline TB screening negative:

- Annual single TST required during program.
- Additional single TST required eight weeks after direct exposure to active TB disease during clinical placements.

**B. Positive TST or positive IGRA serology or history of active TB disease**

Chest x-ray required. **Report must be attached**

- Must be dated subsequent to the positive test.
- Repeat chest x-ray not required if initial x-ray clear and no symptoms of active TB disease.

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 disease to a physician and to my Program Office

(persistent cough or fever > 3 weeks, bloody sputum, night sweats, fever, unexplained weight loss)

\_\_\_\_\_  
Student signature

**Positive TST:**

Date Given	Date Read	mm Induration	HCP Initials

Chest x-ray Date      Result

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**2. PERTUSSIS**

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

Document one pertussis vaccine (Tdap) 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.

**Pertussis vaccine (Tdap):**

Brand names include Adacel, Boostrix, Repevax, DTCoq

Vaccine must contain:

Tetanus  Diphtheria  Pertussis

Date	Age (years)	HCP Initials

**If currently less than age 18 years:**

Document adolescent Tdap vaccine age 14-17 years.

**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**

Immunization with current season's influenza vaccine required.

Proof of vaccination should be submitted directly to 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

Required: Anti-HBs serology (test for immunity to HBV)

One or more months after primary vaccination series completed.

Required: HBsAg serology (test for chronic HBV infection)

Must be dated on or after anti-HBs serology. (If baseline testing negative, repeat HBsAg with repeat anti-HBs after booster doses vaccine 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: Reports must be attached**

	Date	Result
<b>Anti-HBs</b>		
+/- repeat		
+/- repeat		
<b>HBsAg</b>		
+/- 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 must report status to the Assistant Dean.

**5. MEASLES, MUMPS, RUBELLA, VARICELLA**

Document EITHER vaccinations OR laboratory proof of immunity.

- If no record of measles, mumps or rubella vaccinations, recommend 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 tested. If record of one vaccination, give second vaccination.
- If serology is mistakenly tested 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 tested.

**Vaccinations:**

	At least 4 weeks apart		HCP Initials
	Vaccine #1	Vaccine #2	
Measles			
Mumps			
Rubella			

	At least 6 weeks apart		HCP Initials
	Vaccine #1	Vaccine #2	
Varicella			

**◀ OR ▶ Laboratory proof of immunity (IgG antibody):**

**Report must be attached**

\*\* If record of one or more vaccinations above, serology should NOT be tested \*\*

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