



Blood Borne Viruses Update  
 Midwifery Education Program  
 Physician Assistant Education Program  
 Undergraduate Medical Education Program

Rev. Nov 2017

Students in the Midwifery, Physician Assistant, and Undergraduate Medicine programs are required to have repeat testing for Hepatitis C and HIV if their most recent tests were conducted more than four years ago.

Only the dates of the tests are required, verified by a physician or nurse after reviewing the reports with the student; test results or reports are not required. We prefer that students complete this form; however, students may choose to submit copies official reports instead.

Submit this form (or reports) to the Health Screening Office (not your program office). Instructions for submission are on the Health Screening website: <https://fhs.mcmaster.ca/healthscreening/formsandsubmission.html>

For questions & concerns, contact the Health Screening Office: Email: hrsadmin@mcmaster.ca, Tel: (905)525-9140 ext. 22249

STUDENT INFORMATION:

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

Program: \_\_\_\_\_

1. This box is to be completed by a physician or nurse after reviewing the test results with the student:  
 Only the **dates** of the tests need to be documented; test results or reports not required.

|                | Date of most recent test |
|----------------|--------------------------|
| Hepatitis C Ab | <input type="text"/>     |
| HIV Ab         | <input type="text"/>     |

Date results of above tests reviewed with the student: \_\_\_\_\_

HCP name: \_\_\_\_\_ HCP signature: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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2. This box is to be completed by the student:

My signature below indicates the following:

- I have reviewed the results for the above tests with a physician or nurse.
- I am aware of my status with respect to blood borne viruses Hepatitis C and HIV.
- If will **self-report** any infection with Hepatitis C and/or HIV to the Assistant Dean of my program.

\_\_\_\_\_  
 Student Signature Date