Students applying for electives at McMaster University starting August 1, 2017 or later are required to have serologic tests for blood borne viruses Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

1. **Hepatitis B:** Document HbsAg serology (Hepatitis B surface antigen) on the AFMC immunization form or below.
   
   HBsAg serology required even if student is immune to Hepatitis B. Test for HBsAg any time after completion of primary Hepatitis B vaccination series, OR if series still in process test within six months prior to medical school entry (wait until at least 28 days after a Hepatitis B vaccine to avoid the possibility of a false positive result).

   **HBsAg (Hepatitis B surface antigen) is a different test than anti-HBs (Hepatitis B surface antibody)**

2. **Hepatitis C and HIV:**
   
   Serologic tests required any time after March 1st the year of entry into medical school and expire after four years.

For questions or concerns, contact the Health Screening office, email hrsadmin@mcmaster.ca, tel 905-525-9140 ext 22249. Health screening website: [https://fhs.mcmaster.ca/healthscreening/electives.html](https://fhs.mcmaster.ca/healthscreening/electives.html)

We prefer the boxes below be completed; however, students may choose to submit official reports instead.

Attach this form (or reports) to your AFMC immunization form and upload to the AFMC Student Portal.

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**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 not required.

<table>
<thead>
<tr>
<th></th>
<th>Date of most recent test</th>
<th>HCP Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBSAg</td>
<td></td>
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<tr>
<td>Hepatitis C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date above tests reviewed with student _________________

HCP Signature _________________

HCP Information:

Name: ___________________________ Profession: ___________ Initials: ________

Address: ___________________________

Tel: ___________________________ Fax: ___________________________

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**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 B, Hepatitis C and HIV.
- I will self-report any infection with Hepatitis B, Hepatitis C and/or HIV to the Assistant Dean of Undergraduate Medicine at McMaster University.

Student Name ___________________________

Student’s Signature ___________________________ Date ________________