

## HIV and Hepatitis C Update Form

Please submit to the Health Screening Office

For additional information and submission instructions:

<https://fhs.mcmaster.ca/healthscreening/formsandsubmission.html>

**Learner name (last):** \_\_\_\_\_ **(first):** \_\_\_\_\_

This form applies to UPPER YEAR learners in the following programs ONLY (testing and/or reported is not required for other programs):

- Midwifery
- Physician Assistant
- Undergraduate Medicine

For more information on blood borne viruses, click here: [Blood Borne Viruses Information](#)

**Required tests:** Tests for HIV and Hepatitis C serology need to be repeated every four years during the program.

**\*\* Note: learners must SELF-REPORT any positive test results to the Assistant/Associate Dean of their program. \*\***

	DATE of test (Year/Month/Day)	Report given to learner	HCP Initials
HIV		<input type="checkbox"/>	
Hepatitis C		<input type="checkbox"/>	

Reports not required

HCP Name: _____ Profession: _____ Initials _____ Signature: _____ Date: _____	Office stamp or Address/Telephone
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