

Student name (last): _____ (first): _____

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

- Midwifery
- Physician Assistant
- Undergraduate Medicine

Instructions for submission are on Health Screening website: <https://fhs.mcmaster.ca/healthscreening/formsandsubmission.html>

Health Screening Office contact: hrsadmin@mcmaster.ca, 905-525-9140 ext 22249

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.

**** N.B. Students must SELF-REPORT any positive test results to the Assistant/Associate Dean of their program. ****

	DATE of test (Year/Month/Day)	Report given to student	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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