Health Screening Update Form

Feb 2024

Learner name (last):_____ **(first):** _____

Program: _____ **Date of Birth (Year/Month/Day):** _____

Instructions for submission: https://fhs.mcmaster.ca/healthscreening/formsandsubmission.html

Health Screening Office contact: 905-525-9140 ext 22249 or 28639, hrsadmin@mcmaster.ca, confidential fax 905-528-4348

A qualified health care professional (HCP) may document outstanding requirements below which were not previously documented on the original Health Screening Record AND/OR provide separate documentation. Detailed requirements are on the original Health Screening Record. ATTACH REQUIRED LAB/CHEST X-RAY REPORTS. **Do not duplicate data already submitted.**

TUBERCULIN SKIN TESTING (TST):

Date TST given (Year/Month/Day)	HCP Initials	Date TST read (Year/Month/Day)	mm induration	Interpretation	HCP Initials

Complete only if positive TST or other positive TB history documented:

☐ Chest x-ray report attached.

Does the learner currently have any symptoms of active TB disease (persistent cough or fever lasting three or more weeks, hemoptysis, night sweats, unexplained or involuntary weight loss)?	HCP Initials
☐ No ☐ Yes – Letter from a physician required.	

VACCINATIONS:

Vaccine Date (Year/Month/Day)	Vaccine TYPE (+/- dose #)	HCP Initials

All previous documented doses count towards a total series as long as minimum spacing requirements are met, there is no maximum.

HIV/HEPATITIS C: ** Midwifery, Physician Assistant, Undergraduate Medicine programs ONLY **

	DATE of test (Year/Month/Day)	Results reviewed with learner	HCP Initials
HIV		☐	
Hepatitis C		☐	

Reports not required but may be submitted by the learner in place of the HCP completing this section.

Each HCP who provides documentation on this page must initial each item and complete the HCP information below in full:

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