

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

Program: _____

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

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

This form may be used by a qualified health care professional (HCP) to document NEW tuberculin skin testing (TST), NEW vaccines, and dates for blood borne viruses tests if required ONLY. Items documented must be within the HCPs scope of practice.

Detailed requirements are on the original Health Screening Record. **Do not duplicate data documented on other records.**

NEW TUBERCULIN SKIN TESTING (TST):

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

NEW 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)	Report given to student	HCP Initials
HIV		<input type="checkbox"/>	
Hepatitis C		<input type="checkbox"/>	

Reports not required but may be submitted by the student 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:

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