

Student Information: PRINT CLEARLY

Name (last): _____ Name (first): _____

Date of birth (Year/Month/Day): _____

Program/Course: _____

Course start date: _____

Email (required): _____

Confidentiality:

The University will make every effort to limit the sharing of personal information to those with a need to know only. By signing below, I agree/acknowledge that Faculty of Health Sciences Health Screening Office may:

- Communicate to me only, personal health information it deems appropriate via the email address I have provided and/or my McMaster email address.
- Share my COVID-19 vaccination status with my Program and Placement Sites to facilitate clinical and workplace-based placement(s) to fulfil my education program degree requirements.

Student signature: _____ **Date:** _____

SUBMIT THIS FORM TO THE HEALTH SCREENING OFFICE AT LEAST 12 WEEKS PRIOR TO COURSE START

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

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

Checklist: START EARLY as some requirements may take several weeks to complete

- Gather your childhood immunization records, past TB skin testing, and any lab reports for varicella and Hepatitis B. We accept records from the health care provider who administered the vaccine or test, Public Health Services (you can contact the Public Health Unit nearest where you attended elementary/high school), and childhood immunization cards/booklets (all sides/pages with your name on EVERY page). Translate records into English if applicable (official translation not required).
- Take this form and your previous records to a qualified health care professional (HCP) to review your records and the requirements on page 2. You may also visit the McMaster [Student Wellness Centre](#) (905-525-9140 ext 27700) for both virtual and in-person appointments as long as you have a student number
- The HCP needs to complete only those items listed on page 2 which are not documented on your previous records. The HCP can document new tests/vaccines on page 3 of the form and/or provide other backup documentation (must include details of the service, date the service was provided, and the HCP name, profession, address, signature).
- Attach supporting documentation or a letter from a physician if unable to complete any requirement(s) due to a medical reason.
- Submit your form with previous records and other supporting documentation to the Health Screening Office **ON TIME**. Make sure your name is on EVERY PAGE submitted.
- Participation in the clinical activity cannot occur until you have received clearance from the Health Screening Office.

A. Mandatory prior to clinical placement:

- COVID-19:** Proof of vaccination with a full series of a COVID-19 vaccine according to NACI guidelines. For information on medical/non-medical exemptions, see: <https://fhs.mcmaster.ca/healthscreening/>.
- TUBERCULOSIS (TB) SCREENING: ONE OF THE FOLLOWING**
- Baseline two-step tuberculin skin testing (TST), regardless of history of BCG vaccination: Two separate skin tests given between 7 days and 12 months apart (ideally 7-28 days), and read after 2-3 days, requiring 4 visits to the HCP. A two-step test from any time in the past is accepted and does not need to be repeated.
AND additional single (one-step) TST in the last 12 months if a negative two-step test was completed more than 12 months ago.
 - ****OR**** Documented positive TST (date and mm induration mandatory) or other positive TB history (blistering TST reaction, positive IGRA serology, previous diagnosis and/or treatment for TB); AND a chest x-ray dated subsequent to the positive TST or other positive TB history. **ATTACH CHEST X-RAY REPORT.**
- N.B. TST must be fully documented with date given, date read, mm induration, interpretation. TST must be given and read before OR given at least 28 days after a live vaccine (MMR, Varicella).**
- MEASLES, MUMPS, RUBELLA: VACCINES ONLY**
TWO measles vaccines, TWO mumps vaccines, and ONE rubella vaccine, given at age 12 months or older and spaced at least 28 days apart. Boosters are not necessary. **N.B. Positive IgG antibody serology will not be accepted as proof of immunity.**
- VARICELLA: ONE OF THE FOLLOWING**
- TWO vaccines given at age 12 months or older and spaced at least 28 days apart (6 week interval recommended age 13 years or older). Boosters are not necessary. **N.B. If one vaccine is documented a 2nd vaccine is required to complete a 2-dose series. MMR and Varicella vaccines must be given either at the same time or spaced at least 28 days apart.**
 - ****OR**** Positive IgG antibody serology. Do not repeat previous serology. Serology recommended if no previous vaccines. **N.B. positive serology after one vaccine will not be accepted as proof of immunity. ATTACH REPORT.**
- PERTUSSIS VACCINE (TDAP) AGE 18 YEARS OR OLDER:** ONE Tdap vaccine (tetanus-diphtheria-acellular pertussis) age 18 years or older **MANDATORY** for health care workers/learners, even if not due for a booster; interval from last tetanus/diphtheria/pertussis containing vaccine does not matter.

B. May be in process:

- INFLUENZA VACCINE:** Immunization with current seasonal vaccine for placements occurring between November and June (vaccine usually available early October). Provide documentation directly to the clinical placement site.

C. Recommended (not mandatory):

- TETANUS, DIPHTHERIA, POLIO:** Documented primary vaccination series (minimum 3 doses with appropriate spacing); AND tetanus-diphtheria booster in in last 10 years if required (Tdap above counts as one tetanus-diphtheria dose).
- HEPATITIS (HB):** Documented vaccination series at age appropriate dosages and schedule (unless immunity due to naturally acquired infection or chronic HB infection is documented); AND post-immunization serology for immunity (anti-HBs). Booster vaccine(s) recommended if not immune after the primary vaccination series (anti-HBs < 10 IU/L). If no proof of immunity, passive immunization with immune globulin may be required in the event of possible exposure.

Non-Professional Health Screening Record Health Screening Update

This page is for NEW TST, NEW vaccines, and/or DATES for blood borne viruses testing (if required) ONLY.

Items must be documented by a qualified health care professional (HCP). **Do not duplicate data documented on other records.**

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

Program: _____

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

If more than one vaccine in a series is required, please give one vaccine now so that the student may submit their form.

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>
<p>#3</p> <p>HCP Name: _____</p> <p>Profession: _____ Initials _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Office stamp or Address/Telephone</p>