Non-Professional Health Screening Record

Feb 2024

SUBMIT COMPLETED FORM TO THE FHS HEALTH SCREENING OFFICE (HSO)

AT LEAST 12 WEEKS PRIOR TO CLINICAL START DATE

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

*** Participation in the clinical activity cannot occur until you are cleared by the Health Screening Office ***

LEARNER INFORMATION: PRINT CLEARLY

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

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

Email (required): _____

Program/Course: _____

CLINICAL start date: _____

CONFIDENTIALITY: The FHS Health Screening Office (HSO) is collecting your personal information to clear you for the clinical component of your studies. The HSO will not share your personal information unless requested by you in writing or as permitted under FIPPA. All documentation will be maintained by the HSO as per the McMaster's Policy for Handling of Personal Health Information.

COMMUNICATION: The FHS Health Screening Office will need to communicate with you regarding the status of your health screening and detail outstanding requirements for clearance. If your preferred method of communication is via email please grant us permission and acknowledge that email is not a secure means for sharing confidential information, by signing and dating below.

Learner signature: _____ **Date:** _____

If you do not wish to communicate via email please specify your preferred method: _____

CHECKLIST: START EARLY

- ☐ Complete and sign the Learner Information section on page 1.
- ☐ Gather any previous records for TB skin testing (TST), immunizations (measles, mumps, rubella, varicella, pertussis/Tdap given on or after your 18th birthday, Covid-19), and any lab reports for measles, mumps, rubella, and varicella. ** In Ontario, you can contact the local Public Health Unit nearest where you attended elementary/high school for your immunization records.**
- ☐ Take this form and your previous records to a qualified health care professional (HCP) to review your records and fill in the form (do not fill in the form yourself). The HCP needs to complete any requirements which are not documented on your previous records. We recommend completing the TB section and serology (blood tests) first.
- ☐ Each HCP who provides documentation on this form must initial each item and complete the HCP information on page 3 in full. HCP initials/signature verify the HCP has either provided the service or reviewed the learner's adequately documented records. The item(s) documented must be within the HCP's scope of practice.
- ☐ Attach supporting documentation or a letter from physician if unable to complete any requirement(s) due to a medical reason.
- ☐ Attach copies of required lab/chest x-ray reports. DO NOT ATTACH OTHER RECORDS UNLESS REQUESTED.
- ☐ Submit your completed form to the HSO ON TIME. Make sure your name is on EVERY PAGE submitted and keep a copy of all documents for your files.
- ☐ The HSO will review your documentation and contact you if you are cleared or if there are any outstanding items. Please add hrsadmin@mcmaster.ca to your safe senders list to ensure that you receive our emails.

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

MANDATORY REQUIREMENTS:

1. **TUBERCULOSIS (TB):** ONE OF THE FOLLOWING: **Complete BEFORE any new MMR/Varicella vaccines are given.**
   a) Baseline two-step TST from any time in the past (two separate skin tests given between 7 days and 12 months apart and read after 2-3 days requiring 4 visits to the HCP); AND additional single (one-step) TST given within the last 12 months if not already included in the two-step test. **Note:** TST must be given BEFORE or at least 28 days AFTER a live vaccine (MMR/Varicella).
   b) **OR** Positive TST or other positive TB history; AND a chest x-ray dated after the positive TST or other positive TB history.

Date TST given (yyyy/mmm/dd)	HCP Initials	Date TST read (yyyy/mmm/dd)	mm induration	Interpretation	HCP Initials

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

☐ Chest x-ray report attached.

Does the student 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.	

2. **MEASLES, MUMPS, RUBELLA, VARICELLA:** VACCINES **OR** SEROLOGY
   TWO measles vaccines, TWO mumps vaccines, ONE rubella vaccine, TWO varicella vaccines, given at age 12 months or older and spaced at least 28 days apart **OR** Positive IgG antibody serology. **Note**: MMR and Varicella vaccines must be given either at the same time or spaced at least 28 days apart. Vaccines ONLY preferred for measles/mumps/rubella without testing IgG antibody serology either before or after vaccination, although positive IgG antibody serology will be accepted. Varicella IgG antibody serology recommended only if no previous vaccines.

	Date Vaccine1 (yyyy/mmm/dd)	HCP initials	Date Vaccine2 (yyyy/mmm/dd)	HCP initials		Lab report for IgG antibody attached
Measles					OR	☐
Mumps					OR	☐
Rubella					OR	☐
Varicella					OR	☐

3. **COVID-19:** Primary vaccination series according to the Canadian Immunization Guide.

Vaccine Date (yyyy/mmm/dd)	Vaccine type (required)	HCP Initials

4. **ONE-TIME PERTUSSIS VACCINE (Tdap) AGE 18 YEARS OR OLDER:** Required even if not due for a booster.

Date Vaccine (yyyy/mmm/dd)	Vaccine type (required)	Age (years)	HCP Initials

5. **INFLUENZA:** Provide proof of immunization with seasonal vaccine for placements November-April directly to the placement site.

RECOMMENDED (not mandatory):

- **TETANUS, DIPHTHERIA, POLIO:** Primary vaccination series; AND tetanus-diphtheria booster in the last 10 years.
- **HEPATITIS B (HB):** Vaccination series AND post-immunization serology for immunity (anti-HBs/HB surface antibody). Booster dose(s) of vaccine and repeat anti-HBs serology recommended if not immune after the primary vaccination series. **NOTE**: If no laboratory proof of immunity, passive immunization with immune globulin may be required in the event of possible exposure (e.g. needle stick injury, human bite, or mucosal splash); it is important report an incident immediately as the efficacy of immune globulin decreases significantly 48 hours after exposure.

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

HEALTH CARE PROFESSIONAL (HCP) INFORMATION: Initial each item documented above and complete the information below:	
#1 HCP Name: _____ Profession: _____ Initials _____ Signature: _____ Date: _____	Office stamp or Address/Telephone
#2 HCP Name: _____ Profession: _____ Initials _____ Signature: _____ Date: _____	Office stamp or Address/Telephone
#3 HCP Name: _____ Profession: _____ Initials _____ Signature: _____ Date: _____	Office stamp or Address/Telephone