

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**

**Student Information:** PRINT CLEARLY

Name (last): \_\_\_\_\_ Name (first): \_\_\_\_\_

Date of birth (Year/Month/Day): \_\_\_\_\_

Program/Course: \_\_\_\_\_

Course start date: \_\_\_\_\_

Email (required): \_\_\_\_\_

Students in non-professional programs with courses which include interaction with patients in a clinical setting or as research subjects must complete the requirements on this form AND be cleared by the Health Screening Office prior to course start. Personal health information provided is protected and is being collected pursuant to the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). This information will be held in strict confidence within the Faculty of Health Sciences Health Screening Office and only disclosed as needed with the consent of the student.

**Checklist for students:** START EARLY as some requirements may take several weeks to complete.

- Page 1 of the form MUST be submitted, with back up documentation addressing all the required items listed on page 2 attached. ORIGINAL RECORDS ARE REQUIRED. Records may be obtained from a family physician or other primary care provider, or Public Health Services if you went to school in Canada. We also accept childhood immunization cards (page with name included).
- A qualified health care professional (HCP) needs to complete only those items which are not documented on previous records. The HCP can use page 3 to document updated requirements, or you may submit separate documentation. Documentation for updated requirements must include the date of service and HCP name, profession, signature, address/telephone. Do not document any items on page 3 yourself.
- Translate records into English if applicable (student may translate).
- Attach a letter from a physician if you are unable to complete any of the requirements listed due to a medical condition.
- Attach required reports.
- MAKE SURE YOUR NAME IS ON EVERY PAGE SUBMITTED.** Keep a copy of all documentation for your files.
- Submit your form to the Health Screening Office for review ON TIME even if not 100% complete. Participation in the clinical activity cannot occur until you have received clearance from the Health Screening Office.



**Checklist for requirements:**

**A. Mandatory:** The following requirements must be FULLY completed for clearance.

**Tuberculosis (TB) screening:** ONE of the following:

- Baseline two-step tuberculin skin testing (TST), regardless of history of BCG vaccination: Two separate 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 TST within the last 12 months if the last TST was negative and given more than 12 months ago.
- TST must be fully documented with date given, date read, mm induration, interpretation.**
- N.B. TST must be given either before or at least 28 days after a live vaccine (MMR, Varicella).**
- \*\* 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.

**Pertussis vaccine:** 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.

**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. IgG antibody serology should NOT be tested either before or after vaccination, and negative results should be disregarded.

**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. MMR and varicella vaccines must be given either at the same time or spaced at least 28 days apart.**
- \*\* OR \*\* Positive IgG antibody serology. ATTACH REPORT. Do not repeat previous serology. Serology recommended if no previous vaccines. Serology should NOT be tested AFTER vaccination; if one vaccine documented, a second vaccine is mandatory to complete a 2-dose series.

**B. Recommended (not mandatory):**

**Tetanus, Diphtheria, Polio vaccines:** Documented vaccination series; minimum 3 doses; minimum one month between the first two doses; minimum 6 months between the last two doses in a series AND tetanus/diphtheria booster within the last 10 years if required. Tdap vaccine above counts as one tetanus/diphtheria dose.

**Hepatitis B (HB):** BOTH of the following:

- Documented vaccination series at age appropriate dosages and schedule (not required if immunity due to naturally acquired infection or chronic HB infection is documented). Either HB vaccine (Recombivax, Engerix) or HAHB vaccine (Twinrix) may be given to start or continue a series (3-dose schedule preferred).
- \*\* AND \*\* Serology for immunity (anti-HBs = Hepatitis B surface antibody) tested at least 28 days after the last vaccine in the series. Positive POST-IMMUNIZATION serology should not be repeated (negative results on subsequent tests can be disregarded). Positive anti-HBs alone is not considered proof of immunity if documented vaccines are missing or incomplete. If not immune after the primary vaccination series (anti-HBs < 10 IU/L), one booster vaccine plus repeat anti-HBs serology recommended. ATTACH REPORT(S).

**Influenza vaccine:** Annual immunization with seasonal influenza vaccine (available mid-October). Provide documentation directly to the clinical placement site.

Student name (last): \_\_\_\_\_ (first): \_\_\_\_\_

**Updates:**

This page is for a qualified health care professional (HCP) to document NEW tuberculin skin testing (TST) and NEW vaccines ONLY. Items documented must be within the HCPs scope of practice. Detailed requirements are on page 2. **Do not duplicate data documented on other records.**

**TST:**

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

**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:**

#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