

Submit this form to the FHS Health Screening Office at least **EIGHT WEEKS** prior to your start date

More information and instructions for submission can be found on the Health Screening website:

https://fhs.mcmaster.ca/healthscreening/postgraduate_medical_students.html

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

Checklist for learners:

- Page 1 of the form **MUST** be submitted, with back up documentation addressing the requirements listed on page 2 attached. Copies of ORIGINAL records are preferred and may be requested. We also accept previously completed UGME/PGME immunization forms, AFMC immunization forms, Occupational Health/Public Health records, and childhood immunization cards/booklets (all sides/pages). Translate documents into English if applicable (official translation not required).
- A qualified health care professional (HCP) needs to complete only those items which are not documented on previous records. Documentation for updated requirements must include the date of service and HCP name, profession, address, signature.
- Attach supporting documentation or a letter from a HCP if unable to complete any requirement(s) due to a medical reason.
- Make sure your name is on EVERY PAGE submitted. Keep a copy of all documents for your files.
- Learners must be cleared by the Health Screening Office before they may start their program/elective.

Learner Information: PRINT CLEARLY

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

McMaster start date:* _____ Date of birth (Year/Month/Day): _____

* Includes PEAP and PRP2 if applicable

Email (required): _____

Current country of residence: _____

NEW Resident: Level (PGY1-PGY6) _____ NEW Fellow

ELECTIVE: Are you a Visiting Elective/Core Rotation from other Canadian University? NO YES

Home school _____ Home school PG program start date (Month/Year) _____

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 clinical sites to facilitate clinical and workplace-based placement(s) to fulfil my Program requirements.

Learner signature: _____ **Date:** _____

Tuberculosis (TB) Risk Assessment: Complete this section AFTER TB screening completed (see page 2 for details).

1. Please read the following first: [Postgraduate Medicine TB Screening & TB Risk Assessment](#)
2. **LAST TST/IGRA NEGATIVE:** Does either of the following apply to you SINCE THE LAST NEGATIVE TST/IGRA?
 - a) Temporary or permanent residence outside Canada for one or more months which meets the criteria for TB testing:

No Yes – Country _____
 - b) Notified by Occupational Health or Public Health that you had significant exposure to an individual with active TB disease.

No Yes – Dates _____
3. **LAST TST/IGRA POSITIVE, OR ANSWER IN #2 "YES":** Do you currently have any symptoms of active TB disease (persistent cough or fever lasting three or more weeks, hemoptysis, night sweats, unexplained weight loss)?

No Yes – Letter from a physician required.

Learner signature: _____ **Date:** _____

A. Mandatory prior to program/elective start:

- COVID-19:** Proof of vaccination with a full series of a COVID-19 vaccine according to NACI guidelines. Complete the COVID-19 Vaccination Form in your MedSIS profile for clearance. If your profile has not yet been created, submit the records with your health screening documentation. **Submit a separate record for each vaccine OR one record showing ALL vaccines received to date.** For information on medical/non-medical exemptions, see: <https://fhs.mcmaster.ca/healthscreening/>.
- TUBERCULOSIS (TB) SCREENING: ONE OF THE FOLLOWING AND TB RISK ASSESSMENT ON PAGE 1:**
- 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 if last TST negative:
- ** TST within the last 12 months for new residents, fellows, and international electives.
 - ** TST within 12 months prior to home school PG program start date for electives from other Canadian Universities.
- 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).**
- ****OR**** Documented positive TST (date and mm induration mandatory), or positive IGRA serology, or other positive TB history (blistering TST reaction, previous treatment for TB); **AND** a chest x-ray dated subsequent to the positive TST or other positive TB history. **ATTACH CHEST X-RAY REPORT.**
 - ****OR**** Negative IGRA serology (Quantiferon, T-Spot) within the last 12 months as an alternative to TST for international electives and fellows **ONLY** who are unable to access TST in their current country of residence. **ATTACH REPORT. IGRA must be tested before or at least 28 days after a live vaccine (MMR, Varicella).**
- MEASLES, MUMPS, RUBELLA: ONE OF THE FOLLOWING:**
- Recommended: Two measles vaccines, two mumps vaccines, one rubella vaccine, given at age 12 months or older and spaced at least 28 days apart. Boosters are not necessary.
 - ****OR**** Positive IgG antibody serology. Do not repeat previous serology.
- 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). **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 vaccine.
- 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. If not available in current country of residence, this must be completed in Canada prior to program/elective start.

B. May be in process at program/elective start: May be available at hospital Occupational Health Services after registration.

- INFLUENZA VACCINE:** Immunization with current seasonal vaccine (usually available early October). Provide documentation directly to the clinical placement site.
- 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 B (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.

C. BLOOD BORNE VIRUSES: Hepatitis B, Hepatitis C, HIV

Learners must comply with the CPSO Blood Borne Viruses Policy and **SELF-REPORT** any positive serology to the Associate Dean of Postgraduate Medical Education **PRIOR** to program start. Reports are **NOT** required by the Health Screening Office.