



**STUDENT INFORMATION:**

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

Date of birth: \_\_\_\_\_

I verify that this Record and all supporting documentation are true copies of the original and that to the best of my knowledge the information provided is accurate.

I understand that it is my ethical and professional obligation to inform the Assistant Dean of my Program of any infection with Tuberculosis, Hepatitis B, Hepatitis C or HIV.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH CARE PROVIDER (HCP) INFORMATION:** This Record must be completed by a licensed MD, RN, NP or PA.

**HCP #1**

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Initials: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HCP #2**

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Initials: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INSTRUCTIONS:**

- Completion of this Record is a mandatory requirement for participation in clinical activities for undergraduate medical students applying for electives from Universities outside Ontario.
- All sections are mandatory except for the suggested requirements on page 3. Exemptions will only be allowed for medical reasons, in which case a note from a physician must be included.
- Attach a copy of immunization records from your home University if available – HCP signatures/initials are not required on the corresponding sections of this Record. Translate documents into English, if applicable. Make sure your name is on every page.
- **Copies of required lab and x-ray reports (if applicable) must be attached.** Submit the entire McMaster Record along with your documentation. Keep the original of all documents for your files in case they are required by your clinical placement.
- If completion of specific requirements is still in process by the deadline for submission, submit completed documentation on time with a note of explanation. Clearance will be granted if vaccination series for Hepatitis B and/or Tetanus Diphtheria & Polio are not completed by the elective start date.

**Upload this Record and supporting documentation as one pdf file at the same time as your application to:  
McMaster AFMC Portal Immunization Records & Serology Results**

Questions about the Health Screening Record can be directed to:  
FHS Health Screening Office, Tel (905) 525-9140 ext. 22249, Email [hrsadmin@mcmaster.ca](mailto:hrsadmin@mcmaster.ca)

For more information visit: <http://fhs.mcmaster.ca/healthscreening/electives.html>

**1. TUBERCULOSIS (TB)** Complete A or B

**A. TB Skin Tests:**

Document two-step TB skin test given at any time in the past (two tests 7-28 days apart)  
 If no record of a two-step test, a new two-step test is required, unless a single-step test was given within the last 12 months, in which case another single-step test is required -- document both tests as Step One and Step Two

- Do not give TB skin tests if history of positive TB skin test (usually ≥ 10 mm induration), or active TB disease.
- TB skin tests must be spaced at least 7 days apart and read by a HCP after 48-72 hours.
- TB skin tests must be given BEFORE or at least four weeks AFTER live vaccines (MMR, Varicella).
- BCG vaccination is not a contraindication to TB skin testing

**TB Skin Tests**

	Date Given dd/mm/yyyy	Date Read dd/mm/yyyy	mm Induration	HCP Initials
Step One				
Step Two				
Additional test required within 12 months of start date if not included above				
+/-				

**Alternative only if TB skin testing not available:**

IGRA serology within 12 months of program start date

Report attached:

**B. Positive TB skin test or positive IGRA serology or history of active TB disease:**

Chest x-ray required: Report attached:   
 (must be subsequent to the positive test)

History BCG: Yes  No

Student must verify: I have received medical assessment and education of the positive result by a physician  
 I will report any symptoms of active tuberculosis to a physician and to my Program Office  
 (persistent cough > 2 weeks, bloody sputum, night sweats, fever, unexplained weight loss)

**Positive TB Skin Test**

Date Given dd/mm/yyyy	Date Read dd/mm/yyyy	mm Induration	HCP Initials

Initials


**2. HEPATITIS B VIRUS (HBV)**

Document Hepatitis B primary vaccination series PLUS Anti-HBs serology to assess immune status

HBV primary vaccination series:

- 2-dose schedule only if given age 11-15 years
- 4<sup>th</sup> dose only in rapid schedule 12 months after 3<sup>rd</sup> dose

	Date dd/mm/yyyy	HCP Initials
#1 HBV		
#2 HBV		
+/- #3 HBV		
+/- #4 HBV		

Anti-HBs serology ≥ one month after primary series completed:

Report attached:  **STOP here if ≥ 10 IU/L**

Anti-HBs ≥ 10 IU/L: Immune  
 Boosters not required  
 Repeat serology not required

Anti-HBs < 10 IU/L: Not immune  
 Booster(s) required

❖ Anti-HBs after documented primary series < 10 IU/L >

One booster dose vaccine required

HBV Booster #1	Date dd/mm/yyyy	HCP Initials

Repeat Anti-HBs serology one month > Booster #1:

Report attached:  **STOP here if ≥ 10 IU/L**

❖ Anti-HBs after Booster #1 < 10 IU/L >

Two additional booster doses vaccine required

HBV Booster #2	Date dd/mm/yyyy	HCP Initials
HBV Booster #3		

(5 months > Booster #2)

Repeat Anti-HBs serology one month > Booster #3:

Report attached:  **STOP here if ≥ 10 IU/L**

❖ Anti-HBs after Booster #3 < 10 IU/L >

HBsAntigen serology required: Report attached:

HBsAntigen negative: Non responder. Not immune.

HBsAntigen positive: HBV infection

Report status to the Assistant Dean of your Program.

**3. MEASLES, MUMPS, RUBELLA, VARICELLA**

Document either two doses vaccine  
 ◀ OR ▶ laboratory proof of immunity

- If born 1970 or later, MMR vaccination strongly recommended over serologic testing for immunity.
- Serologic testing for immunity before or after MMR vaccination is not recommended. If testing is done subsequent to two MMR vaccines and does not show immunity, re-vaccination is not necessary.
- If history of chicken pox or shingles, laboratory proof of immunity to varicella/zoster required (IgG Ab).
- Serologic testing for immunity after Varicella vaccination is unreliable and not recommended.
- MMR and Varicella vaccines may be given at the same time or spaced at least 4 weeks apart.
- If previous serology shows immunity, repeat serology is not required.

**Two doses vaccine**

	At least 4 weeks apart		HCP
	#1 dd/mm/yyyy	#2 dd/mm/yyyy	Initials
Measles			
Mumps			
Rubella			

	At least 6 weeks apart		HCP
	#1 dd/mm/yyyy	#2 dd/mm/yyyy	Initials
Varicella			

◀ OR ▶

**Laboratory proof of immunity**

Measles IgG Ab	Report attached:	<input type="checkbox"/>
Mumps IgG Ab	Report attached:	<input type="checkbox"/>
Rubella IgG Ab	Report attached:	<input type="checkbox"/>
Varicella IgG Ab	Report attached:	<input type="checkbox"/>

**4. ADULT PERTUSSIS VACCINE (Tdap)**

Document one adult tetanus diphtheria acellular pertussis (Tdap) vaccine age 18 years or older

- Required by the Ontario Hospital Association, even if not due for a tetanus diphtheria booster.
- Interval between last tetanus diphtheria booster and adult Tdap vaccine does not matter.
- Adult dose is in addition to the routine adolescent booster.

**Adult Tdap Vaccine**

Brand names include Adacel, Boostrix, Repevax, DTCoq

Vaccine Name  (must contain pertussis)

Date dd/mm/yyyy	Age (years)	HCP Initials

**5. TETANUS, DIPHTHERIA & POLIO**

Document the most recent three doses of Tetanus, Diphtheria and Polio vaccinations

Include at least one polio vaccine age 4 years or older and one tetanus diphtheria vaccination in last 10 years

If no records, start new series:

Vaccine #2 ≥ 2 months after Vaccine #1  
 Vaccine #3 ≥ 6 months after Vaccine #2

**Three doses vaccine**

	Tetanus Diphtheria dd/mm/yyyy	Polio dd/mm/yyyy	HCP Initials
#1			
#2			
#3			

**SUGGESTED REQUIREMENTS**

The following are **not** requirements of the Faculty of Health Sciences at McMaster University; **however** one or more may be mandatory for some elective placements:

- Influenza – Vaccination with current season’s vaccine for electives between November and April strongly recommended
- Meningitis – Men-C-ACWY vaccination (Menactra)
- Polio -- One booster dose vaccine ≥ age 18 years recommended for travel to countries where poliomyelitis is prevalent
- Blood Borne Viruses – strongly recommended
  - Hepatitis B (HBV) – HBV Surface Antigen (HBsAg) serology
  - Hepatitis C (HCV) – HCV Antibody serology
  - HIV – HIV Antibody serology

**N.B.** Students who are infected with HBV, HCV and/or HIV must self-report their status to the Assistant Dean of their Program.