



Faculty of Health Sciences (FHS) How to Complete the Year One Health Screening Record

Completion of the Year One Health Screening Record is a mandatory requirement for registration in your program, and for participation in clinical activities. Your submission will be reviewed by the FHS Health Screening Office before final clinical clearance is given.

COMPLETED FORMS MUST BE SUBMITTED BY JULY 15TH

Begin the process NOW of gathering your immunization records and having your family doctor/health care provider (HCP) complete the form so that any outstanding requirements can be completed before the deadline.

WHAT YOU NEED TO DO

- STEP 1:** 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.
- STEP 2:** Take the [Year One Health Screening Record](#) (3 pages) and your previous records from Step 1 to your HCP. Have your HCP review the requirements on page 2 and then complete only those items listed 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.
- STEP 3:** [Submit](#) by July 15 the completed form with your previous records and other backup documentation addressing the required items listed on page 2 of the form. Make sure your name is on EVERY PAGE submitted.
- STEP 4:** The Health Screening Office (HSO) will review your submission and clear you to start your program OR request additional documentation (Step 5).
- STEP 5:** Continue to submit documentation as requested by the HSO until you are cleared.

YOU MUST BE CLEARED BY THE HSO BEFORE THE START OF TERM

NEED ASSISTANCE?

You may visit the McMaster [Student Wellness Centre](#) (905-525-9140 ext 27700) or regional campus health services (UGME students) for virtual and in-person appointments, once you have a McMaster student number.

For more information and submission instructions see:
<https://fhs.mcmaster.ca/healthscreening/firstyearstudents.html>

Questions can be directed to:
Email: hksadmin@mcmaster.ca
Phone: 905-525-9140 ext 22249 or ext 28639

STUDENT INFORMATION: PRINT CLEARLY

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

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

Email (required): _____

- Program:
- | | |
|---|---|
| <input type="checkbox"/> Child Life & Pediatric Psychosocial Care | <input type="checkbox"/> Physician Assistant Education |
| <input type="checkbox"/> Midwifery Education | <input type="checkbox"/> Rehabilitation Science – Occupational Therapy |
| <input type="checkbox"/> Nursing – Graduate and PHCNP | <input type="checkbox"/> Rehabilitation Science – Physiotherapy |
| <input type="checkbox"/> Nursing – Undergraduate Accelerated Stream | <input type="checkbox"/> Rehabilitation Science – Speech Language Pathology |
| <input type="checkbox"/> Nursing – Undergraduate Basic Stream | <input type="checkbox"/> Undergraduate Medical Education |

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:** _____

CHECKLIST:

- Page 1 of the form **MUST** be submitted, with back up documentation addressing all the required items listed on page 2 attached.
- Copies of ORIGINAL RECORDS for previous tuberculin skin testing (TST), previous vaccinations, and lab reports are required. Records may be obtained from your family physician or from the health care provider who provided the service. We also accept Public Health immunization records and childhood immunization cards/booklets (all sides/all pages with your name on EVERY page).
- Translate records 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. The HCP can document the items on page 3 (do not document any items on page 3 yourself), or the HCP may provide separate documentation (must include details of the service, the date the service was provided, and the HCP name, profession, address, signature).
- You may also visit the McMaster [Student Wellness Centre](#) (905-525-9140 ext 27700) or regional campus student health services (UGME students) for both virtual and in-person appointments, as long as you have a student number.
- Attach supporting documentation or a letter from a HCP if unable to complete any requirement(s) due to a medical reason.
- Submit your form and supporting documentation to the Health Screening Office **BY JULY 15TH AT THE LATEST.**

<p>Required PRIOR to program start: Students who have not completed these requirements cannot participate in clinical activities (including clinical skills sessions with fellow students or standardized patients) and may be excluded from class by their Program.</p>	
<input type="checkbox"/> COVID-19	<p>Proof of vaccination with a full series of a COVID-19 vaccine according to NACI guidelines. 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/</p>
<input type="checkbox"/> TUBERCULOSIS (TB) 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).	<p><u>ONE OF THE FOLLOWING:</u></p> <ul style="list-style-type: none"> ➤ 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. <u>AND</u> additional single (one-step) TST given after March 1st this year if a negative two-step test was completed before March 1st. ➤ **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); <u>AND</u> a chest x-ray dated subsequent to the positive TST or other positive TB history. ATTACH REPORT.
<input type="checkbox"/> MEASLES, MUMPS RUBELLA	<p><u>VACCINES ONLY:</u> 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.</p>
<input type="checkbox"/> VARICELLA N.B. MMR and Varicella vaccines must be given either at the same time or spaced at least 28 days apart.	<p><u>ONE OF THE FOLLOWING:</u></p> <ul style="list-style-type: none"> ➤ 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. ➤ **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.
<input type="checkbox"/> PERTUSSIS VACCINE (Tdap) AGE 18 YEARS OR OLDER	<p><u>ONE</u> 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. Students currently under age 18 years will be given provisional clearance for this requirement until after their 18th birthday.</p>
<input type="checkbox"/> TETANUS/DIPHTHERIA POLIO VACCINES ** Minimum 2 doses required prior to program start. **	<p>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; <u>AND</u> tetanus/diphtheria booster within the last 10 years if required. Tdap vaccine above counts as one tetanus/diphtheria dose.</p>
<input type="checkbox"/> HEPATITIS B (HB) Vaccination series & Serology for immunity ** Minimum 2 vaccines required prior to program start. **	<p><u>BOTH OF THE FOLLOWING:</u></p> <ul style="list-style-type: none"> ➤ 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/HB surface antibody) tested at least 28 days after the last vaccine in a DOCUMENTED vaccination series. Do not repeat previous positive post-immunization serology (negative results on subsequent tests can be disregarded). If not immune after the primary vaccination series (anti-HBs < 10 IU/L), one booster vaccine plus repeat anti-HBs serology after one month required. ATTACH REPORT(S).
<p>** MIDWIFERY, PHYSICIAN ASSISTANT, UNDERGRADUATE MEDICINE PROGRAMS ONLY **</p> <input type="checkbox"/> BLOOD BORNE VIRUSES Hepatitis B, HIV, Hepatitis C	<ul style="list-style-type: none"> ➤ <u>Hepatitis B (HB):</u> Serology for infection (HBsAg/HB surface ANTIGEN) tested after completion of a documented HB primary vaccination series, OR after March 1st this year if the primary series is incomplete. Do not have a test for HBsAg within 28 days after a HB vaccine to avoid the possibility of a false positive result. Note, HBsAg is a different test than anti-HBs (HB surface ANTIBODY) and is required even if anti-HBs is positive. ATTACH REPORT. ➤ <u>HIV/Hepatitis C:</u> HIV and Hepatitis C serology tested after March 1st this year. Student may choose to submit the reports, OR HCP to document only the DATES of the tests on page 3 and provide the student with a copy of the reports. <p>N.B. Students in Midwifery, Physician Assistant, and Undergraduate Medicine programs must SELF-REPORT any positive test results to their Assistant/Associate Dean. Testing and/or reporting is not required for other programs.</p>
<p>Required by November 30th: Annual seasonal influenza vaccine. Vaccine usually available early October.</p>	

Year One 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

****All previous documented doses count towards a total series as long as minimum spacing requirements are met, there is no maximum.****

HIV/HEPATITIS C: ** MIDWIFERY, PHYSICIAN ASSISTANT, UNDERGRADUATE MEDICINE ONLY **

	DATE of test (Year/Month/Day)	Report given to student	HCP Initials
HIV		<input type="checkbox"/>	
Hepatitis C		<input type="checkbox"/>	

Reports not required but may be submitted by the student in place of the HCP completing this section.

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>