



# Year One Health Screening Record

Midwifery Education Program  
 MSc Child Life & Pediatric Psychosocial Care  
 MSc Occupational Therapy Program  
 MSc Physiotherapy Program  
 MSc Speech-Language Pathology Program  
 Nursing Graduate and Undergraduate Programs  
 Physician Assistant Education Program  
 Undergraduate Medical Education Program

(Rev. Apr, 2017)

Information collected on the Health Screening Record is used by the Faculty of Health Sciences Health Screening Office to verify that students meet the requirements to participate in clinical activities. Personal health information will be held in confidence by Health Screening Office and only disclosed as needed with the consent of the student.

More information, deadline dates and instructions for submission can be found on the Health Screening website:  
<https://fhs.mcmaster.ca/healthscreening/firstyearstudents.html>

- This form must be completed by an appropriate health care provider (HCP), i.e., a nurse, physician, physician assistant, or pharmacist; the item(s) documented must be within the HCP's scope of practice.
- Exemptions are allowed for medical reasons only, in which case a note from a physician must be included.
- Complete all sections of this form. Attach required reports as indicated. Other records may be included as supporting documentation only (HCP signatures/initials not required in the corresponding sections on the McMaster form). Translate into English if applicable.
- Keep the original of all documents in case they are required by your clinical placement. **Documents submitted to the Health Screening Office are not returned.**
- Submit this form by the deadline date to the Health Screening Office (not your program office). Submit on time even if all the requirements are not completed.
- All health screening documentation must be cleared by the Health Screening Office before students may attend clinical placement or clinical skills sessions.

### STUDENT INFORMATION:

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

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

First year of program: \_\_\_\_\_ Email: \_\_\_\_\_

(This email will be used for communication with the Health Screening Office)

I verify that to the best of my knowledge the information provided on this form is completely accurate.

I understand that I am required to inform the Assistant Dean of my program of any infection with Hepatitis B, Hepatitis C or HIV.

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

### HEALTH CARE PROVIDER (HCP) INFORMATION:

HCP initials verify they have either provided the service or they have reviewed the student's adequately documented records.

#### HCP #1

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

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

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

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

#### HCP #2

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

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

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

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

**1. PERTUSSIS:**

If currently age 18 years or older:

Document one pertussis vaccine (Tdap) age 18 years or older (Brand names Adacel, Boostrix).

- One-time adult dose required, even if not due for a tetanus diphtheria booster.
- Interval between last tetanus diphtheria booster and adult pertussis vaccine does not matter.
- Adult dose is in addition to the routine adolescent booster.

If currently less than age 18 years:

Document adolescent Tdap vaccine age 14-17 years.

**Pertussis vaccine Tdap:**

Must contain: Tetanus  Diphtheria  Pertussis

Vaccine \_\_\_\_\_

Date	Age (years)	HCP Initials

**2. TETANUS, DIPHTHERIA & POLIO:**

Document three most recent vaccinations.

- Include at least one tetanus diphtheria vaccination (Td or Tdap) in last ten years.
- If unable to locate childhood records, document all vaccinations to date and complete new primary series.
- Booster dose polio vaccine age 18 years or older recommended for travel to countries where poliomyelitis is prevalent.

**Most recent vaccinations for tetanus diphtheria & polio:**

Minimum one month between first two doses; minimum six months between last two doses.

	Tetanus Diphtheria Date	Polio Date	HCP Initials
#1			
#2			
#3			

**3. TUBERCULOSIS (TB):** Baseline and annual screening required.

**A. TB Skin Tests (TST):**

If no previous positive TST, document two-step TST given at any time in the past (two separate tests requiring four visits to HCP, ideally 7-28 days apart but may be up to 12 months apart).

- Do not give TST if history of positive TST or positive IGRA or active TB disease.
- TSTs must be given BEFORE or at least four weeks AFTER live vaccines (MMR, Varicella).
- BCG vaccination is not a contraindication to TB skin testing.

**Two-step TST:**

	Date Given	Date Read	mm Induration	HCP Initials
Step One				
Step Two				

If negative two-step TST completed before March 1<sup>st</sup> in current calendar year, additional single TST required.

**+/- Additional single TST:**

	Date Given	Date Read	mm Induration	HCP Initials
+/-				

**B. Complete if positive TST or positive IGRA serology or history of active TB disease:** Document positive TST above

Chest x-ray required.

Chest x-ray record attached:

- Must be dated subsequent to the positive test.
- Repeat chest x-ray not required if initial x-ray clear and no symptoms of active TB disease

(If chest x-ray abnormal, student will be contacted to provide additional documentation.)

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 disease to a physician and to my Program Office

(persistent cough or fever > 3 weeks, bloody sputum, night sweats, fever, unexplained weight loss)

\_\_\_\_\_  
Student signature

**4. MEASLES, MUMPS, RUBELLA, VARICELLA:**

Require EITHER:

Two vaccinations (one vaccination for rubella acceptable)

OR laboratory proof of immunity.

- If no record of measles, mumps or rubella vaccinations, recommend two doses MMR vaccine without checking serology for immunity first (regardless of age).
- If no record of varicella vaccinations, serology for immunity should be tested first.
- Serology after one or more vaccinations should NOT be tested. If record of one vaccination, give second vaccination.
- If serology is mistakenly tested after two vaccinations and does not show immunity, discard the results and DO NOT give a booster dose of vaccine.
- If previous serology shows immunity, repeat serology should not be tested.

**Measles, Mumps, Rubella, Varicella vaccinations:**

At least four weeks apart

	Date Vaccine #1	Date Vaccine #2	HCP Initials
Measles			
Mumps			
Rubella			
Varicella			

**◀ OR ▶ Laboratory proof of immunity (IgG antibody):**

Attach records

Measles  Mumps  Rubella  Varicella

**5. HEPATITIS B (HBV):**

Document Hepatitis B vaccinations to date.

- Do not vaccinate if HBsAg serology positive
- See Canadian Immunization Guide for dosing schedules
- If starting new primary series, 3-dose schedule (0, 1, 6 months) recommended over rapid 4-dose schedule.

**Required:** Serologic test for immunity (anti-HBs) one or more months after primary vaccination series completed.

- ❖ Anti-HBs ≥ 10 IU/L: Immune. STOP HERE
- ❖ Anti-HBs < 10 IU/L: Not immune.
  - If more than six months since primary series completed, give one booster dose vaccine and repeat anti-HBs one month later. If repeat anti-HBs not immune, give two additional doses vaccine five months apart and repeat anti-HBs one month later.
  - If between one and six months since primary series completed, give second vaccination series (0, 1, 6 months) and repeat anti-HBs one month later.
- ❖ Anti-HBs < 10 IU/L after two documented vaccination series: Vaccine non-responder.

**Hepatitis B vaccinations to date:**

	Vaccine date	Vaccine name (if known)	HCP Initials
#1			
#2			
+/- #3			
+/- #4			
+/- #5			
+/- #6			

**Anti-HBs serology (test for immunity):**

Records attached:

Students without documented proof of immunity are considered susceptible to infection in the event of possible exposure.

**6. INFLUENZA:** Annual influenza immunization for clinical placements occurring between November and June required. Student to provide proof of immunization directly to the placement site.

**7. BLOOD BORNE VIRUSES:** Hepatitis B (HBV), Hepatitis C (HCV), Human Immunodeficiency Virus (HIV)

All students who are known to have positive serology for Hepatitis B surface antigen (HBsAg), HCV or HIV must self-report their status to the Assistant Dean of their program. Students are not required to submit test results to the Health Screening Office.

**Midwifery, Physician Assistant, and Undergraduate Medicine programs only:** Serologic tests for HBsAg, HCV and HIV required.

- HBsAg serology (test for chronic infection) must be dated on or after anti-HBs serology (test for immunity). Only one test required after primary vaccination series completed.
- HCV and HIV serology must be dated after March 1<sup>st</sup> in current calendar year.
- Only the dates of tests required, verified by a HCP after reviewing the reports, test results are not required.

	Date of most recent test (results not required)	HCP Initials
HBsAg		
HCV Ab		
HIV Ab		