Year One Health Screening Record

(Rev. Jan 2018)

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

Students entering health professional programs at McMaster University must submit this form AND be cleared by the McMaster Health Screening Office before they may participate in clinical activities (including clinical skills). Personal health information is held in confidence by the Health Screening Office and only disclosed as needed with the consent of the student. The health screening requirements on this form meet current Ontario Hospital Association/Ontario Medical Association Joint Communicable Diseases Surveillance Protocols for Ontario Hospitals, in accordance with Regulation 965, Section 4 of the Public Hospitals Act.

Students are responsible to ensure all requirements on this form are completed correctly – **Check over your form before submitting**. Submit your form **on time** with a note of explanation if any requirements are outstanding**.** 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)

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

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

Health Screening Office contact: email hrsadmin@mcmaster.ca, telephone 905-525-9140 ext 22249

1. Student Information – PRINT CLEARLY

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

Program start date: _____ Date of birth: _____

Email for communication with the Health Screening Office: _____

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

☐ I verify that I have not completed any part of this form myself, except where my signature may be required (sections 1, 4, 10, 12C)

Signature: _____ Date: _____

2. Health Care Professional (HCP) Information – This form must be completed by a qualified physician or nurse. HCP initials on the form 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: _____

HCP #3

Name: _____ Profession _____ Intitials: _____

Address: _____

Telephone: _____ Fax: _____

Signature: _____ Date: _____

3. Tuberculosis (TB)

☐ **A. TB History:**

Does the student have a previous history of a documented positive tuberculin skin test (TST), or blistering TST reaction, or positive IGRA test, or previous diagnosis and/or treatment for active TB disease or latent TB infection?

☐ Yes – Document positive TST below. Attach records of other positive TB history. Student should not have a repeat TST. Skip to D

	Date given	Date read	mm induration	HCP Initials
Positive TST				

☐ No – Go to B

☐ **B. Two-step TST:**

If no positive TB history, a baseline two-step TST given at any time in the past is required (two separate tests spaced between 7 days and 12 months apart, and given either before or at least four weeks after receiving a live vaccine). A two-step test does not need to be repeated. Note previous BCG vaccination is not a contraindication to having a TST.

Two-step TST	Date given	Date read	mm induration	Interpretation	HCP Initials
Step One					
Step Two					

☐ **C. +/- Additional single TST:** Required if negative two-step test in B completed before March 1st in current calendar year

	Date given	Date read	mm induration	Interpretation	HCP Initials
+/- Single TST					

TB screening after program start:

Students with negative baseline TSTs who are exposed to active (infectious) TB disease during their program are required to have a single TST eight or more weeks post-exposure, and to report the result to the Health Screening Office. Students who convert to a positive TST during their program must be cleared by the Health Screening Office before they may return to clinical activities. More information can be found on the Health Screening website.

< < If positive TST documented above, go to D. If negative TSTs documented above, skip to next page > >

☐ **D. Chest x-ray:** Required only if positive TST or other positive TB history documented

Chest x-ray must be dated subsequent to the positive TST or other positive TB history. Attach the report. If the initial x-ray is negative, a more recent x-ray is not required unless medically indicated. If the x-ray is abnormal, a letter from a physician explaining the findings is required.

4. TB Self-Declaration: Student to complete if positive TST or other positive TB history, and negative chest x-ray

Student to acknowledge the following:

- I understand that sometimes latent (noninfectious) TB infection can progress to active TB disease even for individuals who have normal chest x-rays, and for those who were successfully treated for active TB disease or latent TB infection in the past.
- I currently do no not have any signs or symptoms of possible TB disease (cough lasting three or more weeks; hemoptysis (coughing up blood); shortness of breath; chest pain; fever; chills; night sweats; unexplained or involuntary weight loss)
- I will obtain a prompt medical assessment from a physician if I develop any signs and symptoms of possible TB disease.

Student signature: _____ Date: _____

Immunizations and Serology – HCP to document required immunizations and serology results in chart below

☐ **5. Pertussis:** ONE Tdap vaccine (tetanus/diphtheria & pertussis) age 18 years or older. Required by Ontario Hospital Association even if not due for a booster. If student is currently age 16 or 17 years (Midwifery and Nursing BSc Stream A students ONLY), document adolescent Tdap given age 14-17 years; a booster will be required after the 18th birthday.

☐ **6. Tetanus, Diphtheria, Polio:** Last THREE vaccinations (minimum one month between the first two doses of a series; minimum six months between the last two doses; last tetanus/diphtheria immunization must be within the last ten years). If records missing or incomplete, a fully documented series must be completed (may be in process at program start).

☐ **7. Measles, Mumps, Rubella:** TWO vaccinations for measles and mumps at least 28 days apart, and ONE vaccination for rubella, age 12 months or older ◄ **OR** ► Positive IgG antibody serology – NOT both.
(Vaccination recommended instead of serology for all ages. Serology either before or after vaccination NOT recommended.)

☐ **8. Varicella:** TWO vaccinations at least 28 days apart, age 12 months or older ◄ **OR** ► Positive IgG antibody serology.
(Serology recommended first if history of chicken pox or shingles. Serology after vaccination NOT recommended.)

9. Hepatitis B: (may be in process at program start)

☐ **A. Hepatitis B vaccination series** – If records missing or incomplete, a fully documented series must be completed
(Not required if student has chronic Hepatitis B infection or is immune due to natural infection – attach records)

☐ **B. ◄ PLUS ► Anti-HBs serology** (Hepatitis B surface antibody) at least 28 days after a documented vaccination series

Anti-HBs ≥ 10 IU/L – Immune. Document most recent positive test result. Serology should not be repeated.

Anti-HBs < 10 IU/L – Not immune. Document booster dose(s) vaccine and most recent post-vaccination negative test result.

Not immune after ONE documented vaccination series –

- If series completed more than six months ago, ONE booster plus repeat anti-HBs required – If not immune after the first booster, TWO additional boosters spaced five months apart plus repeat anti-HBs required.
- If series completed 1-6 months ago, a second series (three doses given at 0, 1, 6 months) plus repeat anti-HBs required.

Not immune after TWO documented vaccination series – Student is Hepatitis B vaccine non-responder and unlikely to benefit from further immunizations. Repeat serology not required.

Date Vaccine OR Serology	Vaccine type OR Serology test results	Tetanus	Diphtheria	Pertussis	Polio	Measles	Mumps	Rubella	Varicella	Hepatitis B	HCP Initials

(Do not include this page if not required.)

10. Hepatitis B Self-Declaration: Student to complete only if required

Proof of immunity to Hepatitis B requires both a documented vaccination series and positive anti-HBs serology.

Student to sign this box if one of the following apply:

- Anti-HBs serology not immune (< 10 IU/L), OR
- Hepatitis B vaccinations still in process, OR
- Anti-HBs serology positive with incomplete or undocumented vaccinations

Student to acknowledge the following:

- I acknowledge that I do not have documented proof of immunity to Hepatitis B.
- I acknowledge that in the event of possible exposure (e.g. percutaneous injury or mucosal splash), I may need passive immunization with hepatitis B immune globulin.

Student signature: _____ Date: _____

11. Influenza: Annual influenza immunization for clinical placements occurring between November and April required. Student to provide proof of immunization directly to the placement site.

12. Blood borne viruses (BBV) – Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV)

** REQUIRED FOR MIDWIFERY, PHYSICIAN ASSISTANT, AND UNDERGRADUATE MEDICINE STUDENTS ONLY **

Students in the Midwifery, Physician Assistant, and Undergraduate Medicine programs are likely to perform or assist in performing exposure-prone procedures, and are therefore obligated to know their status with respect to blood borne viruses.

☐ **A. HBsAg serology:** Required for all students, including students immune to Hepatitis B.

Note: HBsAg (Hepatitis B surface antigen) is a different test than anti-HBs (Hepatitis B surface antibody). HBsAg tests for chronic Hepatitis B infection and anti-HBs tests for Hepatitis B immunity.

Test must be conducted on or after the time of assessment for Hepatitis B immunity (anti-HBs), OR if the Hepatitis B primary vaccination series is still in process test must be dated after March 1st in the current calendar year (wait until at least 28 days after a Hepatitis B vaccine to avoid the possibility of a false positive result).

	Date of most recent test	Test result		HCP Initials
HBsAg (antigen)			☐ Infection ☐ No infection	

☐ **B. Hepatitis C and HIV serology:**

Tests must be dated after March 1st in current calendar year and are valid for four years. Only the dates of tests are required by the Health Screening Office, verified by a nurse or physician after reviewing the results with the student.

	Date of most recent test
Hepatitis C antibody	
HIV antibody	

Date results of above tests reviewed with the student: _____

HCP name: _____ HCP signature: _____

C. BBV Self-Declaration: This box to be completed by the student:

- I have reviewed the results of the above tests with a physician or nurse.
- I am aware of my status with respect to blood borne viruses Hepatitis B, Hepatitis C and HIV.
- I will self-report any positive serology for Hepatitis B, Hepatitis C and/or HIV to the Assistant Dean of my program.

Student signature: _____ Date: _____