

SUBMIT THIS FORM TO THE HEALTH SCREENING OFFICE BY JULY 15<sup>TH</sup> PRIOR TO PROGRAM START

More information and instructions for submission are on the Health Screening website:

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

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

**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"/> Occupational Therapy                           |
| <input type="checkbox"/> Midwifery Education                        | <input type="checkbox"/> Physician Assistant Education                  |
| <input type="checkbox"/> Nursing (Undergraduate Basic Stream)       | <input type="checkbox"/> Physiotherapy                                  |
| <input type="checkbox"/> Nursing (Undergraduate Accelerated Stream) | <input type="checkbox"/> Speech Language Pathology                      |
| <input type="checkbox"/> Nursing (Graduate and PHCNP)               | <input type="checkbox"/> Undergraduate Medical Education – see below ** |

**\*\* UNDERGRADUATE MEDICINE STUDENTS ONLY:** Do you give permission for McMaster University to verify your health screening status with any Canadian medical school to which you have applied for a visiting elective during clerkship?

☐ Yes ☐ No Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty of Health Sciences health screening requirements are mandatory for all learners in health professional programs, whether or not they are attending clinical activities. All health screening documentation must be reviewed and cleared by the Health Screening Office. Personal health information provided is protected and is being collected pursuant to the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). This information will be held in strict confidence within the Faculty of Health Sciences Health Screening Office and only disclosed as needed with the consent of the student.

**Checklist for students:** START EARLY as some requirements may take several weeks to complete

- ☐ Page 1 of the form **MUST** be submitted, with back up documentation addressing all the required items listed on page 2 attached. **ORIGINAL RECORDS ARE REQUIRED.** Records may be obtained from a family physician or other primary care provider, or Public Health Services if you went to school in Canada. We also accept childhood immunization cards/booklets (all pages including name).
- ☐ A qualified health care professional (HCP) needs to complete only those items which are not documented on previous records. The HCP can use page 3 to document updated requirements, or you may submit separate documentation. Documentation for updated requirements must include the date of service and HCP name, profession, signature, address/telephone. Do not document any items on page 3 yourself.
- ☐ Translate records into English if applicable (student may translate).
- ☐ Attach a letter from a physician if you are unable to complete any of the requirements listed due to a medical condition.
- ☐ Attach required reports.
- ☐ **MAKE SURE YOUR NAME IS ON EVERY PAGE SUBMITTED.** Keep a copy of all documentation for your files.
- ☐ Submit your form to the Health Screening Office for review **ON TIME** even if not 100% complete. Deadlines for submitting outstanding requirements are determined by the Health Screening Office.

## Year One Health Screening Record Undergraduate/Graduate Health Professional Programs

### Checklist for requirements: SUBMIT ORIGINAL RECORDS AND REQUIRED REPORTS

- A. Required PRIOR to program start:** Students who have not completed these requirements cannot participate in clinical activities (including interaction with patients and clinical skills sessions with fellow students or standardized patients) and may be excluded from class by their Program.
- ☐ **Tuberculosis (TB) screening:** ONE of the following:
- Baseline two-step tuberculin skin testing (TST), regardless of history of BCG vaccination: Two separate 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 \*\* additional single TST dated after March 1st this year if a negative two-step test was completed before March 1st.  
**TST must be fully documented with date given, date read, mm induration, interpretation.**  
**N.B. TST must be given either before or at least 28 days after a live vaccine (MMR, Varicella).**
  - \*\* 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); AND a chest x-ray dated subsequent to the positive TST or other positive TB history. ATTACH CHEST X-RAY REPORT.
- ☐ **Pertussis vaccine:** 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. Students currently under age 18 years will be granted provisional clearance for this requirement until after their 18th birthday.
- ☐ **Measles, Mumps, Rubella:** VACCINES ONLY – 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. IgG antibody serology should NOT be tested either before or after vaccination, and negative results should be disregarded.
- ☐ **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). Boosters are not necessary. **N.B. MMR and varicella vaccines must be given either at the same time or spaced at least 28 days apart.**
  - \*\* OR \*\* Positive IgG antibody serology. ATTACH REPORT. Do not repeat previous serology. Serology recommended if no previous vaccines. Serology should NOT be tested AFTER vaccination; if one vaccine documented, a second vaccine is mandatory to complete a 2-dose series.
- B. May be in process at program start:** Students will be granted provisional clearance to start their program and attend clinical activities while these requirements are in process. Deadlines for completion are determined by the Health Screening Office.
- ☐ **Tetanus, Diphtheria, Polio vaccines:** 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; AND tetanus/diphtheria booster within the last 10 years if required. Tdap vaccine above counts as one tetanus/diphtheria dose. All previous vaccines count towards the total series as long as minimum intervals between doses is met (there is no maximum).
- ☐ **Hepatitis B (HB):** BOTH of the following:
- 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). All previous vaccines count towards the total series as long as minimum intervals between doses is met (there is no maximum).
  - \*\* AND \*\* Anti-HBs serology (Hepatitis B surface antibody, test for immunity) tested at least 28 days after the last vaccine in a DOCUMENTED vaccination series. Positive post-immunization serology should not be repeated (negative results on subsequent tests can be disregarded). Positive anti-HBs alone is not considered proof of immunity if documented vaccines are missing or incomplete. If not immune after the primary vaccination series (anti-HBs < 10 IU/L), one booster vaccine plus repeat anti-HBs serology required. ATTACH REPORT(S).
- ☐ **Blood Borne Viruses:** \*\* Midwifery, Physician Assistant, Undergraduate Medicine programs ONLY \*\*
- HBsAg serology (Hepatitis B surface antigen, test for chronic infection) dated after March 1st this year. ATTACH REPORT. Do not have a test for HBsAg within 28 days after a Hepatitis B vaccine to avoid the possibility of a false positive result.
  - HIV and Hepatitis C serology dated 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.
- N.B. Students must SELF-REPORT any positive test results to the Assistant/Associate Dean of their program. Testing and/or reporting is NOT required for other programs.**
- ☐ **Influenza vaccine:** Annual immunization with seasonal influenza vaccine (available mid-October after program start), or letter from a physician if unable to receive the vaccine due to medical reasons.

## Year One Health Screening Record

Student name (last): \_\_\_\_\_ (first): \_\_\_\_\_

**Updates:** This page may be used by a qualified health care professional (HCP) to document NEW tuberculin skin testing (TST), NEW vaccinations, and dates for blood borne viruses tests (if required) ONLY. Items documented must be within the HCPs scope of practice. Detailed requirements are on page 2. **Do not duplicate data documented on other records.**

### TST:

Date TST given (Year/Month/Day)	Date TST read (Year/Month/Day)	mm induration	Interpretation	HCP Initials

### Vaccinations:

Vaccine Date (Year/Month/Day)	Vaccine TYPE (+/- dose)	HCP Initials

If more than one vaccine in a series is required, please give one vaccine now so that the student may submit their form.

### Blood Borne Viruses: **\*\* Midwifery, Physician Assistant, Undergraduate Medicine programs 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:**

<b>#1</b> HCP Name: _____ Profession: _____ Initials _____ Signature: _____ Date: _____	Office stamp or Address/Telephone
<b>#2</b> HCP Name: _____ Profession: _____ Initials _____ Signature: _____ Date: _____	Office stamp or Address/Telephone
<b>#3</b> HCP Name: _____ Profession: _____ Initials _____ Signature: _____ Date: _____	Office stamp or Address/Telephone