

COMPLETED FORMS MUST BE SUBMITTED TO THE FHS HEALTH SCREENING OFFICE (HSO) BY JULY 15TH

*** ALLOW 2 WEEKS FOR INITIAL REVIEW ***

**** Students who are not cleared by the HSO cannot participate in any in-person clinical activities (including clinical skills sessions with fellow students or standardized patients) and may be excluded from class by their Program ****

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 FHS Health Screening Office (HSO) is collecting your personal information to clear you for the clinical component of your studies. The HSO will not share any of your personal information unless requested by you in writing or as permitted under [FIPPA](#). Furthermore, all documentation will be maintained by the HSO as per the McMaster University [Policy for Handling of Personal Health Information](#).

COMMUNICATION:

The FHS Health Screening Office will need to communicate with you regarding the status of your health screening and detail outstanding requirements for clearance. If your preferred method of communication is via email please grant us permission and acknowledge that email is not a secure means for sharing confidential information, by signing and dating below.

Student signature: _____ **Date:** _____

If you do not wish to communicate via email please specify your preferred method: _____

REQUIRED DOCUMENTATION:

- Accepted documents:
 - * Public Health immunization records
 - * Childhood immunization cards/booklets (all sides/pages)
 - * Copies of original records from the HCP who provided the service (with HCP name, address)
 - * EMR print-out from HCP (with HCP name, address)
 - * ER/in-patient hospital records
 - * Government issued certificate for COVID-19 vaccines (transcribed records not accepted)
 - * Copies of lab/chest x-ray reports
 - * Page 3 for NEW TST/vaccines and/or dates of HIV/Hepatitis C serology if required.
- We do not accept occupational health records or previously completed immunization forms unless the item on the form is the original record signed by the HCP who provided the service. If forms are submitted for this purpose, a copy of the entire form is required.
- TST must be fully documented with date given, date read, mm induration, interpretation.
- Have records translated into English if applicable (official translation may be requested).
- Documentation for NEW TST/vaccines must include full HCP information (name, profession, address, signature).
- Student name must be on EVERY page submitted.
- Attach supporting documentation or a letter from physician if unable to complete any requirement(s) due to a medical reason.
- Page 1 MUST be submitted, with back up documentation addressing all the required items listed on page 2 attached.

** COMPLETE AND SUBMIT BY JULY 15TH UNLESS OTHERWISE NOTED **	
<input type="checkbox"/> COVID-19 VACCINES	Primary vaccination series according to the Canadian Immunization Guide. Copies of the original records or government issued certificate documenting all vaccines received to date required.
<input type="checkbox"/> TUBERCULOSIS (TB) Tuberculin skin testing (TST) must be fully documented with date given, date read, mm induration, interpretation. TST must be given either before or at least 28 days after a live vaccine (MMR, Varicella).	<p><u>ONE OF THE FOLLOWING:</u> Complete BEFORE any new MMR/Varicella vaccines.</p> <ul style="list-style-type: none"> ➤ Two-step TST (regardless of history of BCG vaccine): 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. Do not have step two if step one is positive. A two-step TST from any time in the past is accepted and does not need to be repeated. AND additional single (one-step) TST given after March 1st this year if a previous negative two-step test was completed before March 1st. ➤ **OR** Positive TST (must be fully documented with date and mm induration, otherwise two-step skin testing required), OR other positive TB history (e.g. blistering TST reaction, positive IGRA serology, previous diagnosis and/or treatment for TB infection); AND a chest x-ray dated after the positive TST or other positive TB history; **AND HCP to complete the Positive TB Verification on page 4**. ATTACH CHEST X-RAY REPORT.
<input type="checkbox"/> MEASLES, MUMPS, RUBELLA VACCINES	<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. IgG antibody serology should not be tested and will NOT be accepted.
<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. If one previous vaccine documented, a 2nd vaccine is mandatory to complete a 2-dose series. ➤ **OR** Positive IgG antibody serology for students with no record of varicella vaccines. Do not repeat previous serology. Serology will not be accepted if previous vaccines documented. ATTACH REPORT.
<input type="checkbox"/> PERTUSSIS VACCINE AGE 18 YEARS OR OLDER	ONE pertussis vaccine (Tdap / Tetanus-diphtheria-acellular pertussis) AGE 18 YEARS OR OLDER mandatory for health care workers/learners, even if not due for a booster. Students currently under age 18 years must document an adolescent Tdap vaccine age 14-17 years for provisional clearance. For more information see https://fhs.mcmaster.ca/healthscreening/documents/PertussisVaccine.pdf
<input type="checkbox"/> TETANUS, DIPHTHERIA, POLIO VACCINES	Primary vaccination series (minimum 3 doses; ≥ one month between the first two doses; ≥ 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. If previous records missing or incomplete, a documented 3-dose series must be completed (one dose required by July 15th).
<input type="checkbox"/> HEPATITIS B (HB) SEROLOGY **AND** VACCINES N.B. Positive anti-HBs alone is not considered proof of immunity if documentation of immunization is missing or incomplete.	<ul style="list-style-type: none"> ➤ <u>SEROLOGY:</u> Do not repeat previous serology unless requested. ATTACH ALL REPORT(S). <ul style="list-style-type: none"> • <u>All students:</u> Anti-HBs / HB surface ANTIBODY (test for immunity). HCP can order this test on a regular lab requisition (not public health). • <u>Midwifery, Physician Assistant, Undergraduate Medicine ONLY:</u> HBsAg / HB surface ANTIGEN (test for chronic infection). HCP can order this test on a regular lab requisition (not public health) by writing "HBsAg" in the "Other Tests" section. Have blood taken BEFORE any new Hepatitis B vaccines are given (can be the same day), otherwise you must wait at least 28 days after vaccination to avoid the possibility of a false positive result. ➤ ** AND** VACCINES: <ul style="list-style-type: none"> • Primary vaccination series at age appropriate schedule and dosages. If previous records missing or incomplete, a documented 3-dose series must be completed (one dose required by July 15th). Booster vaccine(s) and repeat serology required if not immune after the primary series (may be completed after program start).
MIDWIFERY PHYSICIAN ASSISTANT UNDERGRADUATE MEDICINE ONLY <input type="checkbox"/> HIV & HEPATITIS C	HIV and Hepatitis C serology tested after March 1st this year. HCP can order Hepatitis C antibody on a regular lab requisition (not public health). Student may choose to submit the reports, OR HCP to document only the DATES of the tests on page 3 after reviewing the results with the student. N.B. Students in the 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.
<input type="checkbox"/> INFLUENZA VACCINE	<u>Submit by Nov 30th:</u> Annual seasonal influenza vaccine. Vaccine available in October.

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): HCP to complete the Positive TB Verification on page 4 if TST positive.

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)	Results reviewed with student	HCP Initials
HIV		<input type="checkbox"/>	
Hepatitis C		<input type="checkbox"/>	

Reports not required but may be submitted in place of the HCP completing this section.
Student must self-report positive results to the Assistant/Associate Dean of their Program.

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>

Year One Health Screening Record Positive TB Verification

****This page is for students with documented positive TST or other positive TB history ONLY****

Student name (last): _____ (first): _____

Program: _____

Information for students:

Positive TST usually indicates TB infection but may also be due to BCG vaccination if the vaccine was given later than age 12 months or more than once, or infection with other TB-like bacteria. Positive IGRA is most likely due to TB infection. While most individuals infected with TB have latent (inactive) TB infection and are not contagious, progression to active TB disease can occur at any time. Both latent TB infection and active TB disease can be treated with antibiotic medication. It is important to be aware of the symptoms of active TB disease and to seek prompt medical attention if symptoms develop.

Symptoms of active TB disease include:

- persistent cough or fever lasting three or more weeks
- hemoptysis (coughing up blood)
- night sweats
- unexplained or involuntary weight loss

For more information see <https://www.hamilton.ca/people-programs/public-health/diseases-conditions/tuberculosis>

Information for HCP:

A medical assessment is required for all students with documented positive TST or other positive TB history. History of BCG vaccination should not be considered the cause of a "false positive" skin test if the vaccine was given before age 12 months.

Risk factors for developing active TB disease (risk highest in the first two years after infection):

- VERY HIGH RISK: HIV infection, TB contact, silicosis, stage 4 or 5 chronic kidney disease, transplant recipients, fibronodular disease on chest x-ray, chronic steroids (equivalent of prednisone \geq 15 mg/day for \geq 1 month), other immunosuppressive medications, cancer.
- MODERATE RISK: Granuloma on chest x-ray, diabetes, heavy alcohol use (\geq 3 drinks/day), heavy cigarette smoker (\geq 1 pack/day).
- LOW RISK: General (adult) population with no known risk factor, positive two-step TST booster and no known risk factor (step one negative, step two positive indicating remote TB infection).

For students with NEW positive TST, assessment should include a history of risk factors for TB, symptoms of active TB disease, and a chest x-ray. In the absence of active TB disease, referral for assessment and treatment of latent TB infection (LTBI) should be considered. Note tuberculosis is a reportable disease in Ontario. For more information see <https://www.hamilton.ca/people-programs/public-health/health-care-professionals/reporting-infectious-diseases/tuberculosis>.

For students previously TST positive or with remote TB infection, if a previous chest x-ray was negative, a repeat x-ray is not required unless medically indicated. Referral for assessment and treatment of LTBI should be considered for individuals not previously treated for LTBI with conditions which predispose to developing active TB disease.

This section to be completed by HCP:

Does the student currently have any risk factors, or symptoms of active TB disease? No Yes – Letter from a physician required.

Chest x-ray (attach report): Negative Abnormal – Further assessment may be required.

HCP Name: _____

Profession: _____

Signature: _____

Date: _____

Office stamp or Address/Telephone