ST. CLAIR COLLEGE
OF APPLIED ARTS & TECHNOLOGY

Program: _____ Student I.D. _____

Name:_____
(Surname) (First name) (Middle initial)

Email: _____ Home Phone: _____ Cell Phone: _____

Entering Students-Pre-Placement Health Form
Medical Requirements (Nursing and Paramedic)

(To be completed by PHYSICIAN or NURSE PRACTITIONER)

NOTE TO STUDENT: If you have documentation of the following immunizations, please bring proof of the documentation/yellow immunization card with this form to your physician or nurse practitioner.

Hint: You may want to start with your local public health unit in the area that you lived when you received high school and elementary school immunizations.

Section "A" --Tuberculosis Screening

All students must have documented proof of a Two-Step TB Mantoux skin test. If proof is not available for the Two-Step Mantoux skin test or if it has not been completed previously, then the student must receive an initial Two-Step TB Mantoux skin test. The Two-Step needs to be performed **ONCE** only and it never needs to be repeated again. Any subsequent TB skin tests can be One-Step, regardless of how long it has been since the last skin test. Students who have received a BCG vaccination are **not exempt** from the initial Mantoux testing. Pregnancy is **NOT** a contraindication for performance of a Mantoux skin test.

Mantoux testing must be completed prior to the administration of any live vaccines (i.e. MMR, IPV) **OR** defer skin testing for 4 to 6 weeks after the vaccine is given.

If a student was **positive** from a previous Mantoux Two-Step skin test and/or has received TB treatment, the health care provider must complete an assessment and document below if student is free from signs and symptoms of active tuberculosis.

Any student, who has proof of a previous **negative** Two-Step, must complete a One-Step.

For any student who tests positive for the first time:

- **a.** Include results from the positive Mantoux screening (mm of induration);
- **b.** A chest x-ray is required and the report must be enclosed in this package;
- **c.** Indicate any treatments that have been started;
- **d.** Complete assessment and document on form if the student is clear of signs and symptoms of active TB.
- **e.** The responsibility for follow up lies with the health care provider as per the OHA/OMA Communicable Disease Surveillance Protocols.

Initial 2 Step TB Test – Mandatory (2nd step to be administered)-read 48-72 hrs. after given

Two Step (7-21 days after 1 step)- Date Given _____ Date Read:_____ Result: Induration in mm:_____

Annual One Step- Date Given_____ Date Read: _____ Result: Induration in mm:_____

If either step is positive (10mm or more), please evaluate the following:

Chest x-ray results: Date_____ Positive_____ Negative_____

History of disease: Yes_____ No_____

Tuberculosis Screening

Prior History of BCG vaccination: Yes_____ No_____ Date _____
Specialist referred Yes_____ No_____
INH prophylaxis: Yes_____ No_____ Dosage:_____ Duration_____
Does this student have signs and symptoms of active TB on physical exam: Yes_____ No___?

Hepatitis B

1. A Lab blood test must be obtained for evidence of immunity. Copies of lab results must be provided
2. If the student has documentation of a completed initial primary series and serology results are < 10 IU/L, provide a booster dose and complete another lab test 1 month following the booster. Students must provide documented proof that they have received the initial primary series for Hepatitis B vaccine.
3. If the student has not received the Hepatitis B vaccine and serology results are < 10 IU/L, provide the initial primary series as follows:

- Dose # 1 – as soon as possible
- Dose # 2 – one month after dose # 1
- Dose # 3 – six months after dose # 1
- Serology is required 1 month following dose # 3

If 'yes', date initial primary series for Hep B completed _____
Immune-Hep B Serology Results Attached
If 'no', initiate the Hepatitis B Series
Dose #1 Date _____ Dose #2 Date_____ Does #3 Date _____
Immune-Hep B Serology Results Attached

Measles, Mumps and Rubella

The student must provide a lab blood test that indicates evidence of immunity **OR** documented proof that they have received two doses of the MMR vaccine. Copies of lab results must be provided for all three of the lab results.

***Measles*:** One of the following is accepted as proof of measles immunity

- Documentation of receipt of 2 doses of measles vaccine (MMR trivalent) on or after the first birthday

Date1: _____ Date 2: _____ OR

- Laboratory Evidence of Immunity (attach result): Date: _____

***Mumps*:** One of the following is accepted as proof of mumps immunity

- Documentation of receipt of 2 doses of measles vaccine (MMR trivalent) on or after the first birthday

Date1: _____ Date 2: _____ OR

- Laboratory Evidence of Immunity (attach result): Date: _____

Rubella: One of the following is accepted as proof of rubella immunity

- Documentation of receipt of 2 doses of measles vaccine (MMR trivalent) on or after the first birthday

Date1: _____ Date 2: _____ OR

- Laboratory Evidence of Immunity (attach result): Date: _____

Varicella

The Student must provide documented history of varicella. If no history of varicella, the student must provide **EITHER** proof of varicella vaccine **OR** must provide a lab blood test that indicates evidence of immunity. This vaccine is not recommended (contraindicated) for pregnant women. Pregnancy should be avoided for three months after a Varicella vaccination has been given.

- Diagnosis or Verification of a History of Chicken Pox or Shingles by a HCP Date _____

OR

- Varicella vaccine given Dosage #1 Date _____ Dosage #2 Date _____

OR

- Laboratory Evidence of Immunity (attach result): Date: _____

Tetanus and Diphtheria **(**must be repeated every 10 years) Vaccination Date: _____

Pertussis (Give with Td up to 64 if not previously done as adult) Vaccination Date: _____

Polio Vaccination Date: _____

Section B- Influenza **(STRONGLY RECOMMENDED)** **Vaccine available Oct or Nov, student are responsible to fax documentation to ParaMed upon receipt of vaccine.*

Seasonal Vaccine Date: _____ (Yearly update)
Other Vaccine Type: _____ Date: _____

INFLUENZA WAIVER Students who choose not to have the annual influenza vaccine for medical or personal reason must sign a waiver that acknowledges their awareness and susceptibility to the disease and of the implications for clinical placement and lost time. Students must provide consent for the school to communicate their influenza immunization status to the clinical agency in which they are placed. I understand that the Academic Program encourages students to have the annual influenza vaccine. I have selected to waive this immunization based on medical/personal reasons. I am aware that I may be susceptible to influenza and I understand that I may not be eligible to attend clinical placement. I consent to have my program communicate my influenza status to clinical agencies.

STUDENT SIGNATURE_____ **DATE**_____

The above recommendations are based on Ontario Guidelines for Immunization. If you do not feel it is necessary or advisable at this time to administer one or any of the vaccines listed above, please note the reason(s) for this:

Signature of Physician or Nurse Practitioner:

D**ate:**

Student Checklist- Is My Clinical Pre-placement Health Form Completed?

PLEASE USE THIS CHECKLIST AS YOU COLLECT YOUR DOCUMENTATION AND PREPARE FOR YOUR PARAMED APPOINTMENT

Bring to your Requisite Appointment:

- This Form completed,
- Blood lab reports – as required – see below
- Yellow immunization card or other proof of immunization
- Provide photocopy of all documents.

Mandatory Medical Requirements-Section A	Section "A"completed by Physician or Nurse Practitioner?		Was it Signed by Physician or Nurse Practioner?		Do I have all required documents attached? (proof of immunization/blood lab report)	
	Yes	No	Yes	No	Yes	No
Tuberculosis Screening	☐	☐	☐	☐	☐	☐
Hepatitis B	☐	☐	☐	☐	☐	☐
Measles, Mumps & Rubella	☐	☐	☐	☐	☐	☐
Varicella (Chicken Pox)	☐	☐	☐	☐	☐	☐
Tetanus/Diphtheria (TD)	☐	☐	☐	☐	☐	☐
Pertussis	☐	☐	☐	☐	☐	☐
Polio	☐	☐	☐	☐	☐	☐

Other Medical Requirements-Section B	Did I complete?		Are the required documents attached?		**Vaccine available Oct or Nov; students can fax documentation to ParaMed upon receipt of vaccine.*
	Yes	No	Yes	No	
Influenza	☐	☐	☐	☐	