



Directions for Completing Medical Requirement Forms (2022-2023 Academic Year)

Ontario regulations and St. Clair College's Policy require health-screening for those entering a clinical/field placement setting in Health Sciences and Community Studies.

You must closely follow these directions. Make an appointment with your Physician as soon as you receive these forms or call the Health Centre. **NOTE: This process may take up to 2 months. Failure to complete it on time may result in your inability to attend and complete your clinical experience.**

This package contains **3** pages: (1) Instructions, (2) Immunization/Communicable Disease Record, and (3) Physical Examination. You must fill out the top portions of page 2 and 3.

Please obtain your immunization record from your Family Physician or online through your local Public Health Unit if you do not have a current copy.

Along with your immunization record, you must also provide: copies of lab serology showing immunity and any prior TB skin test or chest x-ray reports.

If no prior TB skin test, a 2 step TB skin test is **mandatory** (administered minimum 1 week apart)

If there is proof of a previous 2 step TB skin test, only a 1 step TB test is required.

If there is a record of a previous negative 1 step TB skin test in the past 12 months, only a 1 step TB test is required to be considered a 2 step.

A TB skin test is **NOT** required for anyone who has had a previous positive TB skin test (>10mm). In this case, you should not receive another TB skin test and may require a chest x-ray instead.

Once all forms have been completed, it is your responsibility to upload them into SIS (Student Information System) where you will be issued your "**Passport to Health**". This must be printed out prior to attending clinical. You must also complete the Medical Consent Form and Health History Questionnaire in SIS in order for approval.

Please upload all files as **.docx**, **.pdf**, or **.jpeg** in order to review and approve accordingly. Students will be advised via e-mail through SIS of missing documents or of any changes to be made.

If you have any questions or concerns about the requirements, please contact the Campus Health Centres:

Windsor Main (519) 972-2727 ext. 4484
Windsor Downtown (519) 252-8311 ext. 5117
Chatham (519) 354-9100 ext. 3729

All information contained in the Medical Requirements Forms will be held with strictest confidence in the St. Clair College Health Centre. It is not shared with anyone outside of the St. Clair College Health Centre without the student's written consent. In the event that the student has a medical emergency or requires medical/nursing attention at the college, the information will assist the Health Centre staff to provide safe and appropriate care to the student.

Name: _____

Date of Birth: _____
(MM/DD/YY)

Program: _____

Student ID #: _____

Immunization/Communicable Disease Record

(to be completed by a Health Professional)

Hepatitis B Date #1: _____ Date #2: _____ Date #3: _____

* Minimum 2 doses are required in order to be approved for clinical placement *

(Series - 1st dose, 2nd dose after 1 month, 3rd dose 6 months after 1st dose)

Serology may be repeated no sooner than 1 month after vaccinations to determine immune response. If no immunity after 1st series, another series of 3 may be required.

MUST attach lab reports. Date: _____ Immunity: YES ___ NO ___

Date of most recent vaccine:

Influenza _____ COVID-19 #1 _____ #2 _____ Booster _____

Tdap (Tetanus, Diphtheria, Pertussis) _____

(Must be up-to-date within 10 years. If no record of Tdap within last 8 years, must receive booster to cover student for duration of program.)

Measles/Mumps/Rubella

Date #1: _____

Date #2: _____

Varicella

Date #1: _____

Date #2: _____

If 2 doses received, serology is NOT required.

If only 1 dose given, 2nd dose must be given no sooner than 1 month after 1st dose - no need to check immunity.

If no record of 2 vaccinations, must have proof of immunity for both MMR and Varicella.

Attach lab reports for **MMR** Date: _____ Immunity: YES ___ NO ___

Attach lab reports for **Varicella** Date: _____ Immunity: YES ___ NO ___

Tuberculosis Testing

If there is history of a POSITIVE TB skin test, a chest x-ray must be done instead of a TB skin test.

If this is initial TB testing, a 2-step TB skin test is mandatory.

2nd step to be administered no sooner than 7 days and no longer than 12 months after 1st TB skin test is given.

If there is a documented record of a NEGATIVE TB skin test in the past 12 months, student only requires a 1 step TB skin test.

TBST #1 Date administered: _____ Date read: _____ NEG / + _____ mm Initials: _____

TBST #2 Date administered: _____ Date read: _____ NEG / + _____ mm Initials: _____

NOTE: TB TEST MUST BE READ 48-72 HOURS AFTER ADMINISTRATION TO BE VALID.

A POSITIVE TB TEST OF 10MM OR GREATER REQUIRES A CXR TO RULE OUT ACTIVE TB.

CXR Date: _____ Results: NEG ___ POS for active TB _____

I certify that at this time, this person is free of signs and symptoms of active TB or other communicable illnesses.

Signature of MD or NP _____ Date: _____

PHYSICAL EXAMINATION (to be completed by Physician or Nurse Practitioner)

Name: _____

Date of Birth: _____

Program: _____

Student ID #: _____

SYSTEM	FINDINGS						
VITAL SIGNS	T:	P:	R:	B/P:	WT:	HT:	BMI:
NEUROLOGICAL	REFLEXES: GAIT: BALANCE: HISTORY OF SEIZURE: HISTORY OF FAINTING:					Normal/Yes	Abnormal/No
VISUAL	RT EYE 20/ ____ LEFT EYE 20/ ____ BOTH EYES 20/ ____ GLASSES/CONTACTS Y / N PERIPH. VISION RT: ____ LT: ____						
HEARING	RIGHT EAR:			LEFT EAR:			
MUSCULOSKELETAL	UPPER BODY Strength & ROM: LOWER BODY Strength & ROM: SPINE Alignment & ROM:						
CIRCULATORY	HEART SOUNDS & RHYTHM:				PVS:		
ABDOMINAL	HERNIA Y / N						
PSYCHOSOCIAL	CONCERNS:						
<u>Program Physical Demands Analysis</u> Is applicant able to meet requirements of the attached PPD for his/her program?	<input type="checkbox"/> Able to meet all physical demands without restrictions <input type="checkbox"/> Able to meet all physical demands with following restrictions or accommodations (specify): <input type="checkbox"/> Is NOT able to meet all physical demands of desired program due to:						
_____ DATE	_____ Signature of MD or NP					Office Stamp	