

## Clinical Placement Form – 3rd Year Students

**This form must be completed by a health care professional. Failure to comply with the Communicable Disease Policy may lead to limited participation in clinical aspects of the MD program. This information will be held in strict confidence and only disclosed as needed to staff and faculty with the consent of the student involved.**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Student #: \_\_\_\_\_ Graduating Year: \_\_\_\_\_

I give my consent that the information on this communicable disease screening form may be shared as required with the university and hospital teaching and administrative staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Health Professional Information (i.e. Physician, Nurse, etc.)

**Any incomplete sections should be voided & initialed**

Name & Designation: \_\_\_\_\_

(Please print)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HEPATITIS C

Students must provide documentation of their Hepatitis C serology at the time of completing this form. **Please attach serology.**

Date of test (yyyy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_ Reactive  Non-reactive

### HIV

Students must provide documentation of their HIV serology at the time of completing this form. **Please attach serology.**

Date of test (yyyy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_ Reactive  Non-reactive

### Tuberculosis

Results must be read by a qualified health practitioner within 48-72 hours of implantation.

Tuberculin skin test: Date implanted (yy/mm/dd) \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM  PM

Date read (yy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM  PM

Result: \_\_\_\_ mm of induration

### Influenza

Each student is **required** to obtain an annual influenza immunization. Students will be required to follow Public Health guidelines put forward for health care professionals. The National Advisory Committee on Immunization (NACI) indicates, "Influenza vaccination provides benefits to HCWs and to the patients for whom they care. NACI considers the provision of influenza vaccination to be an essential component of the standard of care for all HCWs for the protection of their patients. This standard applies to any person, paid or unpaid, who provides services, works, volunteers or trains in a health care setting."

This immunization must be received by **December 1st each academic year** and documentation forwarded to the UGME Office by the student. In the event of an outbreak or for reporting purposes your record of influenza vaccination may be released as necessary.

**\* Please retain a copy for your records.**

Please return to Undergraduate Medical Education, 80 Barrie Street, Kingston, ON K7L 3N6

Phone: 613-533-2542; Fax: 613-533-6389 (confidential fax).

