

Repeat anti-HBs antibody (mm/dd/yyyy): ___/___/_____

Reactive/Immune (+)

Non-reactive/not immune (-)

Non-responders to the Hepatitis B vaccine will be referred to the Director, Student Affairs and an appropriate specialist for assessment and counseling. Non-responders will be referred to an ID specialist for alternative vaccination techniques. This may result in a modified curriculum.

TUBERCULOSIS

Please select one of the options for TB screening.

Note: 5 mm or more of induration is considered positive for those infected with HIV, those who have been in recent close contact with active TB or those who have chest x-ray indicating healed TB. 10 mm or more of induration is considered positive for all others.

Option #1 – 2-Step Tuberculin Skin Test (TST) Required

Provide documentation of previous 2-step TST within last 12 months, if not available, do 2-step TST.

Step One Date (mm/dd/yyyy): ___/___/_____ mm induration: _____

Step Two Date (mm/dd/yyyy): ___/___/_____ mm induration: _____

(Step Two test should take place within 1-3 weeks of Step One if step one was negative)

Option #2

If a 2-step TST was completed within the last 12 months from current date, provide this documentation along with a follow up single step TST.

Step One Date (mm/dd/yyyy): ___/___/_____ mm induration: _____

Option #3

If either of the above TST is positive, the student will require a chest x-ray and referral to the Tuberculosis Clinic at Kingston General Hospital.

Chest x-ray required (yes) (no)

Date of x-ray: ___/___/_____ Result of x-ray: _____
(mm/dd/yyyy)

TETANUS/DIPHTHERIA

Students must provide proof of receipt of primary series of vaccines or booster received within the last 10 years for tetanus and diphtheria. Students are responsible for ensuring that these boosters remain up to date after medical school admittance.

Primary Series or Booster received within last 10 years:

Date of booster : ___/___/_____
(mm/dd/yyyy)

INFLUENZA

Each student is required to obtain an annual influenza immunization. The Ontario government provides the influenza vaccine free to all citizens during the flu season. Students will be required to follow Public Health guidelines put forward for health care professionals. This immunization must be received by December 1st each academic year and documentation forwarded to the UGME Office by the student.

HEPATITIS C

Students must provide documentation of their Hepatitis C serology within the last 3 months at the time of completing this form. Please attach serology.

Date of test (mm/dd/yyyy): ___/___/_____

- Reactive (+)
 Non-reactive (-)
-

HIV

Students must provide documentation of their HIV serology within the last 3 months at the time of completing this form. Please attach serology.

Date of test (mm/dd/yyyy): ___/___/_____

- Reactive (+)
 Non-reactive (-)
-

Student Authorization:

I give my consent that the information on this form may be shared as required with the university and hospital teaching and administrative staff. **Please retain a copy for your records.*

Signature: _____ Date: _____

Part 7 – Health Professional Information (i.e. physician, nurse, etc.)

Any incomplete sections should be voided & initialed

Name: _____

Address: _____

Telephone: _____ Fax: _____

Signature: _____ Date: _____