

Clinical/Nursing Student Pre-Placement Health Review

The following must be completed prior to your start date. This form and all supporting documents must be provided to the Student Registrar in order to clear you and your placement can begin at WRH.

First Name:		Last Name:			
Contact #:		Date of Birth:	(D)	(M)	(Y)

FORM IS TO BE COMPLETED ONLY BY A PROFESSIONAL HEALTH CARE PROVIDER

Note: School Health Documents/Passports to Health are acceptable providing the document is signed, stamped and dated by a Health Care provider within the last 12 months.

Mantoux Test(s)

TB Skin Test is mandatory and must be completed within 4 weeks of your start date as directed by the OHA and OMA.

One of the following is required:

- a) 2-step Mantoux skin test if the individual has not had previous TB (Mantoux) testing.
- b) 1-step Mantoux skin test if the individual has received 1 Mantoux skin test within the last 12 months (documented proof is required).
- c) If you have had at least 2 negative TB (Mantoux) in the past with documentation, you only require one step TB testing.

Date(s) of prior TB Skin Testing: _____ Results: _____

1-STEP:				
	Date Given	Date Read (at 48-72 hours)	Result	Lot # / Exp.
(2nd test in opposite arm at least 1 week and no more than 4 weeks after the first skin test)				
2-STEP:				
	Date Given	Date Read (at 48-72 hours)	Result	Lot # / Exp.

IF THE TB TEST WAS POSITIVE, A CHEST X-RAY IS REQUIRED

Date of Chest X-Ray:		Results of Chest X-Ray:	
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Patient is free and clear of active TB disease? YES NO = Explain: _____

Signature of Physician/Medical Professional

**Stamp of Physician/Medical Professional
Verifying TB Results**

MMR VACCINATIONS

MEASLES, MUMPS, RUBELLA & VARICELLA IMMUNIZATION REQUIREMENTS **(MMR vaccine should not be given before TB skin testing completed)**	
Measles Immunization – ONE of the following is required:	Immunization Documentation Please complete where applicable (d/m/y)
<ul style="list-style-type: none"> • 2 documented doses of live measles virus vaccine on or after 1st birthday OR, • Lab evidence of immunity 	Date of MMR # 1
Mumps Immunization – ONE of the following is required:	Date of MMR # 2
<ul style="list-style-type: none"> • 2 documented doses of MMR vaccine on or after 1st birthday OR, • Lab evidence of immunity. 	Varicella # 1
Rubella Immunization – ONE of the following is required:	Varicella # 2
<ul style="list-style-type: none"> • 1 documented dose of MMR on or after 1st birthday OR, • Lab evidence of immunity. 	Serology Results Please complete where applicable (d/m/y)
Chicken Pox (Varicella) – ONE of the following is required:	Measles
<ul style="list-style-type: none"> • Lab evidence of immunity OR • Documented evidence of 2 doses of varicella vaccine if non-immune • Verbal knowledge will still require serology evidence before a placement can begin 	Mumps
	Rubella
	Varicella
	Evidence of Immunity, verified by a healthcare provider. Please complete where applicable (d/m/y)
	History of shingles

Signature of Physician/Medical Professional

Stamp of Physician/Medical Professional
Verifying Vaccinations

COVID 19 VACCINE

Have you received the COVID 19 Vaccine:

YES - Please circle: 1 DOSE 2 DOSES

Please Circle: Pfizer Moderna Asterzenca

Note: If "YES", please provide documented proof of your vaccination record for your student file

NO - I have not received the vaccine – Please circle: Personal choice, Medical Choose not to disclose

INFLUENZA VACCINE

The influenza vaccine is recommended between October and April. Please indicate if you have received the vaccine for this period.

YES (date given, d/m/y): _____ NO _____

If influenza vaccine not received, was vaccine offered:

YES - Vaccine accepted - NO - Vaccine declined

You may contact the Public Health Unit to request a free copy of your immunization record. Go to www.alphaweb.org and click on Public Health Units-Ontario for the contact information of the Public Health in the city/county you attended grade school or high school. To contact Windsor-Essex County Public Health Unit, call 519-258-2146, Ext 1425.

References:

Joint Committee on Communicable Disease and Surveillance Protocols, *Communicable Disease Surveillance Protocol for Ontario Hospitals*. Ontario Hospital Association, Ontario Medical Association.