

# HUMBER COLLEGE

## PRE-PLACEMENT FIELD REQUIREMENTS – RETURNING ECE STUDENTS

THE INFORMATION YOU PROVIDE IS CONFIDENTIAL. IT IS INTENDED FOR USE BY THE HUMBER COLLEGE OFFICE OF EXPERIENTIAL LEARNING IN ORDER TO ENSURE THAT THE STUDENT MEETS THE IMMUNIZATION REQUIREMENTS FOR FIELD PLACEMENT. STUDENTS: ONCE YOU HAVE COMPLETED ALL YOUR PRE-PLACEMENT REQUIREMENTS; USE THIS ONLINE LINK TO BOOK AN APPOINTMENT FOR PRE-PLACEMENT CLEARANCE: [HTTPS://HUMBERHEALTH.MYWCONLINE.COM](https://humberhealth.mywconline.com).

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 STUDENT ID #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 CONTACT #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## MANDATORY MEDICAL REQUIREMENTS

**HEALTH CARE PROVIDER (HCP) MUST COMPLETE ENTIRE FORM IN FULL**

### 1 - TUBERCULOSIS (TB):

- A one-step Tuberculin Skin Test is required 6 months within the start of a new placement.
- If the student has a documented history of a negative TB Skin Test, then the student MUST have a Single-Step TB Skin Test.
- If the student has a documented history of a previous positive TB Skin Test (induration measuring equal to or greater than 10mm) or Active TB, a TB Skin Test is NOT REQUIRED. Proceed to Chest X-Ray and Chest Assessment.

| TB TEST | VACCINE NAME | DATE GIVEN | SITE/<br>ROUTE/<br>DOSE | DATE READ<br>(48-72 HOURS<br>FROM TEST) | RESULT:<br>INDURATIONS<br>IN (MM) | HCP<br>INITIAL |
|---------|--------------|------------|-------------------------|---|-----------------------------------|----------------|
| STEP 1  |              | MM/DD/YY   |                         | MM/DD/YY                                |                                   |                |

**\*IF STEP 1 TB SKIN TEST STEP IS POSITIVE (= TO OR > THAN 10 MM INDURATION), PLEASE EVALUATE AS FOLLOWS\***

**CHEST X-RAY: ATTACH A COPY OF CHEST X-RAY RESULTS - MANDATORY**

| CHEST X-RAY DATE | CHEST X-RAY RESULTS | INH TREATMENT PRESCRIBED<br>(YES OR NO) |
|------------------|---------------------|---|
| MM/DD/YY         |                     |   |

**CHEST ASSESSMENT:** Students with a positive TB Skin Test and AFTER one Chest X-Ray, MUST have their HCP assess their chest within 6 months of the start of a new placement and document that they are free from TB signs and symptoms and that the student does not have active TB:

| CHEST ASSESSMENT DATE | CHEST ASSESSMENT RESULTS<br>(NEGATIVE= NO SYMPTOMS OF TB)<br>(POSITIVE= SYMPTOMS OF TB) | HCP INITIAL |
|-----------------------|---|-------------|
| MM/DD/YY              |   |             |

## IMMUNIZATIONS REQUIRED

**2 - TETANUS / DIPHTHERIA (Td):** A Tetanus/Diphtheria (T/d) booster is required every 10 years.

| IMMUNIZATION                                 | VACCINE NAME | DATE GIVEN | SITE/ROUTE/DOSE | HCP INITIAL |
|--|--------------|------------|-----------------|-------------|
| TETANUS/DIPHTHERIA (T/d)<br>(EVERY 10 YEARS) |              | MM/DD/YY   |                 |             |

**3 – INFLUENZA (FLU):** Annual Flu shots are mandatory; every October or when the vaccine becomes available.

| IMMUNIZATION          | VACCINE NAME | DATE GIVEN | SITE/ROUTE/DOSE | HCP INITIAL |
|-----------------------|--------------|------------|-----------------|-------------|
| INFLUENZA<br>(ANNUAL) |              | MM/DD/YY   |                 |             |

### HEALTH CARE PROVIDER INFORMATION (HCP):

NOTE TO HCP: IF THERE ARE ANY INCOMPLETE ITEMS ON THIS FORM DUE TO MEDICAL, PREGNANCY, RELIGIOUS OR OTHER REASONS, PLEASE PROVIDE A NOTE TO YOUR PATIENT/STUDENT TO EXPLAIN THE REASON.

HCP NAME (PLEASE PRINT): \_\_\_\_\_ HCP INITIAL: \_\_\_\_\_

HCP SIGNATURE: \_\_\_\_\_ HCP LICENSE #: \_\_\_\_\_

PROFESSION (PLEASE CIRCLE): RPN      RN      NP      MD DATE: \_\_\_\_\_

ADDRESS/CLINICAL STAMP: