

# University of Guelph-Humber Pre-Placement Requirements

## Fourth Year Kinesiology Students

### Mandatory Medical Requirements

The information you provide is confidential. It is intended for use by the UofGH/ Humber College Office of Experiential Learning in order to ensure that the student meets the immunization requirements for placement.

**Students:** All requirements are to be completed prior to the start of Semester 7. After all pre-placement requirements are complete, book an appointment for your pre-placement clearance via this link: [humberhealth.mywconline.com](http://humberhealth.mywconline.com)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Student ID #: \_\_\_\_\_ Contact # \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Health Care Provider (HCP):** Complete entire form

### Mandatory Medical Requirements

#### 1) Tuberculosis (TB)

- TB testing is valid for 12 months, or six months for Long Term Care settings.
- A two-step Tuberculin Skin Test is required only once in your lifetime if properly performed and documented and **MUST** be presented at initial placement prerequisites clearance appointment. STEP 1 and STEP 2 **MUST** be 7 to 28 days apart.
- A TB Skin Test (EITHER a two-step - if you have never had a two-step OR a one-step - if you have had a documented two-step) is required.
- 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/ Route/ Dose	Date Read (48-72 Hours from Test)	Result: Indurations in (mm)	HCP Initial
STEP 1		mm/dd/yy		mm/dd/yy		
STEP 2 (7-28 days after Step 1)		mm/dd/yy		mm/dd/yy		

\* If either TB Skin Test Step is positive (equal to or greater than 10 mm induration), please evaluate as follows \*

- CHEST X-RAY: Only After First Positive Skin Test –** Attach a copy of chest x-ray results - **MANDATORY**

CHEST X-Ray Date	CHEST X-RAY Results	INH Treatment Prescribed (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 annually 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 (Negative=no symptoms of TB) (Positive=symptoms of TB)	HCP Initial
mm/dd/yy		

### Immunization Records & Laboratory Blood Tests Required

A copy of your immunization record is required. **NOTE: Any TB testing should be completed at least 4 weeks before or after any vaccinations.**

#### 2) Tetanus / Diphtheria / Pertussis (Tdap)

- If the student has not received Pertussis as an adolescent (Age 14 +) or adult, they require one Adacel Vaccination. Even if you have a current dose of Tetanus/Diphtheria (T/d) in the last 10 years you will need one dose of Adacel in adulthood. A T/d booster is required every 10 years.

Immunization	Vaccine Name	Date Given	Site/Route/Dose	HCP Initial
Tetanus/Diphtheria/Pertussis (ADACEL- Age equal to or greater than 14 Years)		mm/dd/yy		
Tetanus/Diphtheria (T/d) (Every 10 Years)		mm/dd/yy		

#### 3) Measles / Mumps / Rubella (MMR)

- Documentation proof of 2 MMR vaccines or laboratory blood test results proving immunity to Measles, Mumps, and Rubella is required.
  - If blood work results show the student is not immune or indeterminate to Measles, Mumps and/or Rubella and there is no history of vaccination with MMR, then 2 MMR vaccines, given at least 4 weeks apart are required.
  - If blood work results show the student is not immune or indeterminate to Measles, Mumps and/or Rubella and the student has documented evidence of 1 MMR then 1 MMR booster is required.
- Attach a copy of M/M/R blood test results – IF REQUIRED or COMPLETE VACCINES

Vaccine Name	Date Given	Site/Route/Dose	HCP Initial
MMR #1	mm/dd/yy		
MMR #2	mm/dd/yy		
MMR BOOSTER (only if required)	mm/dd/yy		

#### 4) Varicella (Chickenpox)

- Documentation proof of 2 Varicella vaccines or laboratory blood test results proving immunity to Varicella is required regardless of history of illness.
  - If blood work results show the student is not immune to Varicella and there is no history of vaccination with Varicella, then 2 doses of the Varicella vaccination, given at least 4 weeks apart are required.
- Attach a copy of VARICELLA blood test results – IF REQUIRED or COMPLETE VACCINES

Vaccine Name	Date Given	Site/Route/Dose	HCP Initial
VARICELLA DOSE # 1	mm/dd/yy		
VARICELLA DOSE # 2	mm/dd/yy		

#### 5) Influenza (FLU)

- Annual Flu shots are mandatory; complete by November 30th or when the vaccine becomes available.

Immunization	Vaccine Name	Date Given	Site/Route/Dose	HCP Initial
Influenza (Annual)		mm/dd/yy		

#### 6) Hepatitis B (HB)

- Initial laboratory blood tests for Hepatitis B Antibodies (HBsAb) and Hepatitis B Antigen (HBsAg) results are mandatory.
- Documented proof is required if you have received 2 doses of Hepatitis B in grade 7 or 3 doses of Hepatitis B as an adult.
- If blood work results show the student is not immune after the two elementary school - grade 7 vaccine doses or 3 adult doses, then a Hepatitis B Booster is required; and the student MUST follow-up with a blood test for HBsAb and HBsAg after 4-6 weeks to check immunity.
- If blood work results show the student is not immune and there is no history of vaccination with Hepatitis B, then 3 Hepatitis B vaccines are required; and the student MUST follow-up with a blood test for HBsAb and HBsAg after 4-6 weeks following the 3rd vaccine to check immunity.

- If the student is still not immune to Hepatitis B after the Booster, the student is required to complete the 2nd series – 2 more Hepatitis B vaccines; and the student MUST follow-up with a blood test 4-6 weeks after the second full series to check immunity.
- At least 2 of 3 doses of the Regular Series Hepatitis B vaccine, OR at least 3 of 4 of the Rapid Schedule Hepatitis B vaccine, OR proof of immunity are required to begin placement.
- Hepatitis B **Regular** Vaccination Schedule: 0 Month, 1 Month, 6 Months or **Rapid** Vaccination Schedule: 0 Day, 7 Days, 21 Days, 12 Months
- Attach a copy of HEPATITIS B (HBsAb) and (HBsAg) blood test results – MANDATORY

Vaccine Name: (RecombivaxHB, EnderixB or Twinrix)	Date Given	Site/Route/Dose	HCP Initial
Name:	mm/dd/yy		
Name:	mm/dd/yy		
Name:	mm/dd/yy		

Vaccine Name: (Recombivax HB, EnderixB or Twinrix)	Date Given BOOSTER VACCINES (only if required)	Site/Route/Dose	HCP Initial
Name:	mm/dd/yy		
Name:	mm/dd/yy		
Name:	mm/dd/yy		

- Attach a copy of HEPATITIS B (HBsAb) post booster blood test results – MANDATORY

\* If student is not immune to Hepatitis B after second full series, book a follow-up appointment with your HCP \*

### Health Care Provider (HCP) Information:

**Note to HCP:** 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: \_\_\_\_\_

Stamp of Address/Clinic: