HUMBER

Humber College Pre-Placement Requirements

Year 3 Returning Massage Therapy Program

StudentsMandatory Medical Requirements

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 placement.

Students: After all pre-placement requirements are complete, book an appointment for your pre-placement clearance via this link: 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)

- A one-step Tuberculin Skin Test is required 12 months within the start of your placement – or within 6 months if your placement is in a Long Term Care setting -- and must not expire at any time during placement. Ensure you check the dates of your most recent TB skin test.
- 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		

If Step 1 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		

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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		

Immunizations Required

2) Tetanus / Diphtheria (T/d)

- 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) (Every 10 Years)		mm/dd/yy		

3) 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		

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: