

AFMC Student Portal Immunization and Testing Form (2017)

Completing this Form: Students can print this form and have it completed by an appropriate health care professional (HCP), i.e., a nurse, physician, physician assistant, or pharmacist; the item(s) documented must be within the HCP's scope of practice. Students must not complete any part of this form with the exception of Section A and (if indicated) Appendices A, B and D; the remainder of the form is to be completed by the HCP. Close family members and postgraduate residents must not complete the form. Submit the completed form and any attachments according to the instructions on the AFMC Student Portal for the school where the student is applying. If an appendix is not needed it does not need to be submitted with an application.

Guidelines Document: For additional details refer to the document "AFMC Student Portal Immunization and Testing Guidelines" (<https://afmcstudentportal.ca/immunization>).

Chronic Bloodborne Pathogens: Students who have chronic infection with hepatitis B virus, human immunodeficiency virus (HIV), and/or hepatitis C virus must familiarize themselves with the policies of the medical schools where they wish to apply.

Section A. Student Declaration

All students must abide by the following declaration:

1. I understand that the personal health information provided in this form shall be kept confidential and will be used by the medical schools to which I apply only for the purposes of a visiting elective. The information provided will be used by the minimal number of individuals required at each medical school, as part of my visiting elective application process to ensure that I meet its health standards or the ones of the relevant health authorities or clinical sites.
2. I acknowledge that to the best of my knowledge the personal health information provided in this form is completely accurate.
3. I have not completed any part of this form myself, with the exceptions of this section and (if applicable) Appendices A, B and D. An appropriate health care professional must complete all other sections and appendices.
4. I have read and understood the AFMC Disclaimer below:

By giving this form to a health care professional and by uploading this form on the AFMC Student Portal, each student represents that he/she understands: (i) that immunization, testing and mask fitting requirements are requested of students by the medical schools – and not by AFMC – to meet their standards or the ones of health authorities or clinical sites to which a student may be placed for visiting electives; (ii) that AFMC is not responsible for establishing which tests are relevant, and for requesting, testing, or verifying of immunization and testing and mask fitting (or other) requirements; (iii) that AFMC is not involved in the selection of the health care professionals undertaking these tests and filling this form; (iv) that AFMC is not involved in the performance of these tests, their interpretation or the decisions taken based on them with respect to any visiting elective; (v) that even if AFMC has provided for functionalities allowing the upload of the form on the AFMC Student Portal, AFMC is in no way involved in the transmission of such form to the medical schools; and (vi) that any information available on the Portal about this form or the immunization requirements is rendered available for convenience only, was not drafted by AFMC and does not constitute an endorsement by AFMC of such information; accordingly, each student agrees and understands that AFMC shall in no way be liable for: (a) the scope of the information requested in this form and the changes made to the immunization requirements; (b) the performance of the tests, their interpretation, and the consequences they may cause, including the mental distress that may follow when any student is made aware of the results or the time and costs involved in completing such process; (c) the selection of health care professionals performing or interpreting these tests; (d) the transmission of the tests to the medical schools and the decisions taken by them following the receipt of the form; (e) the availability, accuracy and reliability of any information pertaining to the form or immunization requirements; and (f) any physical injury incurred by the student in connection with the tests or this form due to medical malpractice or otherwise. Finally, each student understands that AFMC is not responsible for any unauthorized access to this form which occurred via third parties' servers or while being in the possession of any other person, and that even if AFMC strives to ensure that the Portal is of good quality, merchantability and suitable for the provisions of AFMC's services, and configured to offer proper levels of security, stability, privacy, continuity and minimal services latency, such Portal – just as any other type of technology or system – is not infallible and fully sheltered from unforeseeable or force majeure events.

My signature below indicates that I have read, understood, and agree to the above four items.

Last name: _____	Given name(s): _____
Date of birth (yyyy-mm-dd): _____	Home medical school: _____
Year of admission to medical school: _____	Expected year of graduation: _____
Signature: _____	Date: _____

Section B. Health Care Professional (HCP) Information

Every HCP who completes any part of this form must complete this section. HCP initials verify the HCP has either provided the service or the HCP has reviewed the student's adequately documented records. If more than three HCPs are involved with completing this form, print a second copy of page 2.

HCP #1

Name: _____ Profession: _____ Initials: _____
 Address: _____ Tel: _____ Fax: _____
 Signature: _____ Date: _____

HCP #2

Name: _____ Profession: _____ Initials: _____
 Address: _____ Tel: _____ Fax: _____
 Signature: _____ Date: _____

HCP #3

Name: _____ Profession: _____ Initials: _____
 Address: _____ Tel: _____ Fax: _____
 Signature: _____ Date: _____

Section C. Exceptions and Contraindications to Immunization and Testing Requirements

Is the student UNABLE to meet any of the requirements listed in this document due to a medical or health condition?

- No, a medical or health condition is not present
- Yes, a medical or health condition is present; provide details below OR attach relevant information from a physician (for example: "unable to receive live vaccines due to current use of a biological agent"). Affected students also must complete the **Exceptions and Contraindications to Immunization and Testing Requirements, Self-Declaration Form (Appendix A)**.

Details:

- Relevant information from a physician attached

Section D. Pertussis

Document a one-time acellular pertussis containing immunization (Tdap or Tdap-Polio) given at age 18 years or older:

Date	Type of vaccine used*	Age received	HCP Initials

* The precise type of vaccine used must be known; if this information is no longer available, repeat the immunization. Typically tetanus/diphtheria/acellular pertussis (Tdap) or tetanus/diphtheria/acellular pertussis/polio (Tdap-Polio) will be used.

Section E. Tetanus, Diphtheria, and Polio

Document the last three tetanus/diphtheria and polio containing immunizations (minimum one month between first two doses of a series; minimum six months between last two doses; last tetanus/diphtheria immunization must be within the past **ten years**):

	Tetanus/diphtheria, Date	Polio, Date	HCP Initials
Vaccine 1:			
Vaccine 2:			
Vaccine 3:			

Section F. Tuberculosis (TB)

1. Past TB History: Do any of the following apply to this student?

- Yes No Documented positive tuberculin skin test (TST) (test result to be documented in the table below), clear history of blistering TST reaction (attach record), and/or positive interferon gamma release assay (IGRA) test (attach report).
- Yes No Previous diagnosis and/or treatment for TB disease or TB infection

If “Yes” applies to the student on either of these two questions: the student must complete and attach the **Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form (Appendix B)**; these students should not have a repeat TST; skip to #4 below.

2. TST: If “No” applies to the student on each of the above two questions, documentation of a two-step TST is required (two separate tests, ideally 7-28 days apart but may be up to 12 months apart). A two-step TST given at any time in the past is acceptable; a two-step TST does not need to be repeated. Previous Bacillus Calmette–Guérin (BCG) vaccination is not a contraindication to having a TST. An IGRA test would be accepted in lieu of a TST for international students with no access to a TST (current within six months of medical school entry) (exception: if a TST is not available **Western University** will not accept the application).

Two-Step TST:

	Date Given*	Date Read*	Millimeters of Induration	Interpretation according to Canadian TB Standards ¹	HCP Initials
Step 1					
Step 2					

* If only a single date is available this is acceptable so long as appropriate spacing between TSTs and/or vaccines can be verified

If the two-step TST was done more than six months prior to medical school entry the student needs to have a single TST performed.

McMaster University, the Northern Ontario School of Medicine and Western University placement sites may require a more recent TST; students should apprise themselves of requirements and submit documentation directly to the placement site.

Most Recent TST: (not including TSTs documented above).

	Date Given*	Date Read*	Millimeters of Induration	Interpretation according to Canadian TB Standards ¹	HCP Initials
Repeat TST					

* If only a single date is available this is acceptable so long as appropriate spacing between TSTs and/or vaccines can be verified

Students found to have a positive TST also must complete and attach the **Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form (Appendix B)**.

3. Recent TB Exposures: Has the student had any of the following since admission to medical school?

- Yes No A significant² exposure to an individual diagnosed with infectious TB disease
- Yes No Time spent in a clinical setting with high risk of exposure to infectious TB (e.g., international electives)
- Yes No Lived or worked in an area of the world with high TB incidence³

If “Yes” applies to the student on one or more of these questions the student must complete the **Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form (Appendix B)**.

4. Chest X-ray: If a student has a positive TST documented or any other positive TB history, the student must submit a chest X-ray report (or letter from a TB physician specialist describing the report). The chest X-ray must be obtained subsequent to the positive TST or positive TB history. A repeat or recent chest X-ray is not required (Note: **McMaster University, the Northern Ontario School of Medicine and Western University placement sites** may require a more recent chest X-ray; students should apprise themselves of any requirements and submit documentation directly to a placement site).

X-ray required?	Date Obtained	Result	Report Attached	HCP Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If any abnormalities of the lung or pleura are noted on the chest X-ray report documentation from a physician is required explaining the findings. Physicians may use the form **Explanation of Radiographic Findings (Appendix C)**, or else attach a letter.

¹ Whether a particular TST measurement is considered positive or negative may depend on the client’s exposures and risk factors. See Table 1 in the document “AFMC Student Portal Immunization and Testing Guidelines” for more information (<https://afmcstudentportal.ca/immunization>).

² Whether an exposure was significant and requires follow-up testing should be determined by the occupational health unit in the facility, or public health unit in the local jurisdiction of the exposure.

³ For a definition of high incidence countries refer to “AFMC Student Portal Immunization and Testing Guidelines” (<https://afmcstudentportal.ca/immunization>).

Section G. Measles, Mumps, Rubella, and Varicella

General Requirements:

ONE of the following items is required as evidence of immunity to **measles**:

1. TWO doses of live measles-containing vaccine, given 28 or more days apart, with the first dose given on or after 12 months of age; OR
2. Positive serology for measles antibodies (IgG); OR
3. Laboratory evidence of measles infection.

ONE of the following items is required as evidence of immunity to **mumps**:

1. TWO doses of live mumps-containing vaccine, given 28 or more days apart, with the first dose given on or after 12 months of age; OR
2. Positive serology for mumps antibodies (IgG); OR
3. Laboratory evidence of mumps infection.

ONE of the following items is required as evidence of immunity to **rubella**:

1. ONE dose of live rubella-containing vaccine, given on or after 12 months of age; OR
2. Positive serology for rubella antibodies (IgG); OR
3. Laboratory evidence of rubella infection.

ONE of the following items is required as evidence of immunity to **varicella**:

1. TWO doses of live varicella-containing vaccine, given 28 or more days apart, with the first dose given on or after 12 months of age; OR
2. Positive serology for varicella antibodies (IgG); OR
3. Laboratory evidence of varicella infection.

Immunizations:

	Vaccine 1, Date	Vaccine 2, Date	HCP Initials
Measles Vaccine			
Mumps Vaccine			
Rubella Vaccine			
Varicella Vaccine			

Serology: For students with no record of measles, mumps or rubella immunizations a preferred approach is to immunize without checking pre-immunization serology (regardless of age), although testing serology (IgG) is an acceptable alternative to immunization. Note that the **University of Alberta**, the **University of Calgary**, and **Memorial University** will not accept mumps serological test results (IgG); ensure that one of the other criteria for mumps immunity (i.e., two doses of vaccine, or laboratory evidence of infection) is met for a student applying to one of these universities.

For students with no record of varicella immunizations, varicella serology must be tested. Post-immunization serology testing for measles, mumps, rubella, or varicella should NOT be done once immunization requirements have been met.

	Test Date	Laboratory Result	Interpretation (Immune or non-immune)	HCP Initials
Measles IgG				
Mumps IgG				
Rubella IgG				
Varicella IgG				

Laboratory Evidence of Infection: If a student has laboratory evidence of infection (e.g., isolation of virus; detection of deoxyribonucleic acid or ribonucleic acid; seroconversion) to measles, mumps, rubella, or varicella, this will meet the requirements of immunity for the item.

Name of Test	Test Date	Laboratory Result	HCP Initials

Section H. Hepatitis B

Immunizations: Document the hepatitis B containing immunizations administered to date:

	Date	Type of vaccine used *	HCP Initials
Vaccine 1:			
Vaccine 2:			
Vaccine 3 (If required):			
Vaccine 4 (If required):			
Vaccine 5 (If required):			
Vaccine 6 (If required):			

* If information on the name of the vaccine given is no longer available, simply document the date of the immunization.

Serology: If the student is immune, only the most recent positive antibody to hepatitis B surface antigen (anti-HBs) is required. If the student is a vaccine non-responder who cannot achieve immunity despite two complete hepatitis B series, only the most recent negative post-immunization anti-HBs is required; such students must also complete the form **Hepatitis B Vaccine Non-Responders, Self-Declaration Form (Appendix D)**. All students must have a test for hepatitis B surface antigen (HBsAg) conducted on or after the time of the assessment for hepatitis B immunity. Once the primary vaccination series has been completed, repeat testing for HBsAg may be omitted from any additional testing conducted at the discretion of the HCP.

	Date	Laboratory result	Interpretation (Immune or non-immune)	HCP Initials
anti-HBs				
HBsAg				

Students who are **HBsAg positive** (i.e., presence of chronic hepatitis B infection) must familiarize themselves with the policies of the medical schools where they wish to apply.

Section I. Influenza

	Date	HCP Initials
Current seasonal influenza vaccine		

An up-to-date seasonal influenza immunization is required for electives occurring during November to June inclusive for the following medical schools: **Dalhousie University, McGill University, McMaster University, Memorial University, Northern Ontario School of Medicine, Queen's University, University of Manitoba, University of Ottawa, University of Toronto, and Western University**. The **University of British Columbia** requires either a documented influenza immunization or a mask be worn for electives November to June inclusive. All other universities highly recommend influenza immunization.

If vaccine is not currently available document the immunization once vaccine becomes available (typically mid-October) and resubmit this updated form to applicable schools. Students applying to **McMaster University** do not need to resubmit this form; provide documentation of the current seasonal influenza immunization directly to the McMaster placement site.

Section J. Human Immunodeficiency Virus and Hepatitis C

Students applying to **Queen's University** are required to submit human immunodeficiency virus (HIV) and hepatitis C serological test results within **12 months** of the elective application. This reporting requirement is being considered by other **Ontario medical schools**; refer to the medical school's AFMC Student Portal website for current requirements.

Attaching the official laboratory report for these tests is preferred; if the report is not available, the HCP may document these results and attach them to the form; the results should not be documented on this page. **The results only need to be shared with the medical school(s) requesting this information, and not any other medical schools.**

**Appendix A: Exceptions and Contraindications to Immunizations and Testing,
Self-Declaration Form**

This box is to be completed by the student:

This section applies only to students who are UNABLE to meet any of the requirements listed in this document due to a medical or health condition (not including a contraindication to tuberculin skin testing).

My signature below indicates the following:

- I acknowledge that I may be inadequately protected against the following infectious disease(s):

- I acknowledge that in the event of a possible exposure, passive immunization or chemoprophylaxis may be offered to me for the infectious disease(s) listed above (if appropriate).
- I acknowledge that in the event of an outbreak of (one or more of) the infectious disease(s) listed above, I may be excluded from clinical duties for the duration of the outbreak.
- I acknowledge that I might be required to take additional precautions to prevent transmission such as wearing a surgical mask.

Student Name

Signature

Date

Note: If an appendix is not needed it does not need to be submitted with an application.

Appendix B: Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form

This box is to be completed by the student:

This section applies only to students with ONE OR MORE of the following:

- A positive tuberculin skin test (TST);
AND/OR
- A positive interferon gamma release assay (IGRA) blood test
AND/OR
- Previous diagnosis and/or treatment for tuberculosis (TB) disease
AND/OR
- Previous diagnosis and/or treatment for TB infection
AND/OR
- Students who may have had a significant exposure to infectious TB disease (defined in **Section F**)

I acknowledge the following:

(1) Sometimes an individual with TB infection may progress to active (infectious) TB disease. I acknowledge that this can happen even for individuals who have normal chest X-rays, and for those who were successfully treated for active TB disease or latent tuberculosis infection in the past.

(2) Possible TB disease includes one or more of the following *persistent* signs and symptoms:

- Cough lasting three or more weeks
- Hemoptysis (coughing up blood)
- Shortness of breath
- Chest pain
- Fever
- Chills
- Night sweats.
- Unexplained or involuntary weight loss

(3) I have a professional duty to obtain a prompt assessment from a clinician if I develop signs and symptoms of possible TB disease.

Do you have any of the symptoms in the above list?

No I do not have any of the above symptoms at the present time

Yes I have the following symptoms (also attach correspondence from a clinician explaining the

symptoms): _____

Student Name

Signature

Date

Note: If an appendix is not needed it does not need to be submitted with an application.

Appendix C: Explanation of Radiographic Findings

This form must be completed by a physician who has assessed a student with abnormalities of the lung or pleura noted on a chest X-ray report, with the chest X-ray report attached (alternatively it is acceptable to attach a letter or form from a physician, tuberculosis clinic, or other specialized clinic covering the following items).

Chest X-ray report attached

Name of student: _____

Reason chest X-ray was obtained: _____

Explanation for abnormal findings: _____

Given the abnormal findings, does the student pose a risk to others by participating in clinical duties?

Physician Name

Signature

Telephone

Date

Note: If an appendix is not needed it does not need to be submitted with an application.

Appendix D: Hepatitis B Vaccine Non-Responders Self-Declaration Form

This box is to be completed by the student:

This section applies only to students who have received two complete, documented hepatitis B immunization series, and post-immunization serology has not demonstrated immunity (i.e., anti-HBs remains less than 10 IU/L)⁴.

For a student in this category, it is important to ensure (1) that each immunization series was documented, all doses were provided, and that minimal spacing between doses were respected; and (2) that post-immunization serology was conducted between 28 days and six months after the final dose of the series to be considered reliable. For students in this category generally no further pre-exposure hepatitis B immunizations or serological testing are required.

My signature below indicates the following:

- I acknowledge that there is no laboratory evidence that I am immune to hepatitis B.
- I acknowledge that in the event of a possible exposure to hepatitis B (e.g., a percutaneous injury or mucosal splash) I may need passive immunization with hepatitis B immune globulin.

Student Name

Signature

Date

Note: If an appendix is not needed it does not need to be submitted with an application.

⁴ Dalhousie University uses an anti-HBs titre threshold of 12 IU/L as indicative of hepatitis B immunity.