



## LEARNER PLACEMENT HEALTH SCREENING

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Placement Area: \_\_\_\_\_ Date of Placement: \_\_\_\_\_

### **Required for ALL learners at the IWK Health Centre:**

#### **Immunization**

#### **Date of Last Vaccine/Blood Test**

Diphtheria/Tetanus/Pertussis(dTap) \_\_\_\_\_ (Booster in past 10 Years)

Measles/Mumps/Rubella(MMR) #1 \_\_\_\_\_ #2 \_\_\_\_\_

Varicella Vaccine #1 \_\_\_\_\_ #2 \_\_\_\_\_

**OR** Blood Test Results \_\_\_\_\_

Tuberculosis skin (TST) test - Two-step Dates #1 \_\_\_\_\_ #2 \_\_\_\_\_

*\*\* TB Mantoux test must have been completed within the last 12 months (if not completed as an entry requirement to the academic program/first clinical placement). If there is documentation a two-step has been completed, a one-step TB test will suffice. If there is no written documentation of a two-step test, both steps will need to be repeated prior to the start of the placement\*\**

### **Additional Immunization Requirements for students having direct patient care:**

#### **Hepatitis B**

Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_ (one month later)

Dose #3 \_\_\_\_\_ (6 months after first dose)

### **Recommended for all learners at IWK Health:**

Influenza (during flu season) \_\_\_\_\_

**I declare that the above information is true and complete to the best of my knowledge.**

Learner's signature: \_\_\_\_\_ Date (DD/MM/YY): \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date (DD/MM/YY): \_\_\_\_\_