Professional Practice Health Form
School of Health Sciences – Veterinary Assistant

Name: _____ **Student ID:** _____

Program Name: _____

IMPORTANT: In addition to the completed health form, a copy of your immunization record(s) and any serology must be uploaded to Synergy for clearance. Blood work will be accepted if done within 10 years of having this form completed.

Section A: To be completed by Healthcare Provider

Healthcare Provider Signature

Name: _____

Signature: _____

Date (dd/mm/yy): _____

Office Stamp

Tuberculosis: The student must provide proof of a two-step Tuberculosis Mantoux skin test. If there is record of a two-step TB skin test in the past, dates and results must be recorded and followed up with a one-step TB skin test (if more than 12 months have passed). Documentation of the tuberculosis skin test is required regardless of receiving the BCG vaccine. Students with a positive skin test (10mm or more in duration) must have a chest x-ray.

Two Step Tuberculosis Skin Test

Step 1: Date Given (dd/mm/yy):_____

Date Read (dd/mm/yy):_____ **Result:**_____**mm**

Step 2: Date Given (dd/mm/yy):_____

Date Read (dd/mm/yy):_____ **Result:**_____**mm**

One Step Tuberculosis Skin Test

Step 1: Date Given (dd/mm/yy):_____

Date Read (dd/mm/yy):_____ **Result:**_____**mm**

Students with a positive skin test (10mm or more in duration) must have a chest x-ray. ***A copy of the chest x-ray report must be uploaded to Synergy.***

Date of x-ray (dd/mm/yy):_____**Results:** _____

Section A: To be completed by Healthcare Provider

Mumps, Measles, Rubella (MMR): Proof of immunity (through blood work) to Mumps, Measles and Rubella *or* documented proof of the 2-dose series is required.

1. **Immunity to MMR:** Evidence of immunity to Mumps, Measles and Rubella. **A copy of the lab report must be uploaded to Synergy.** *Serology valid for 10 years.*

   Date blood work completed (dd/mm/yy):_____
   Mumps Immunity: ☐ Yes ☐ No **Measles Immunity:** ☐ Yes ☐ No **Rubella Immunity:** ☐ Yes ☐ No

2. **MMR Vaccine:** If no immunity, proof of 2 doses of MMR is required. **A copy of the immunization record must be uploaded to Synergy.**
   MMR Dose 1 (dd/mm/yy):_____ **MMR Dose 2 (dd/mm/yy):**_____

Varicella: Proof of immunity (through blood work) to Varicella *or* documented proof of the 2-dose series is required.

1. **Immunity to Varicella:** Evidence of immunity to Varicella. **A copy of the lab report must be uploaded to Synergy.** *Serology valid for 10 years.*
   Date blood work completed (dd/mm/yy): _____
   Varicella Immunity: ☐ Yes ☐ No

2. **Varicella Vaccine:** If no immunity, proof of 2 doses of Varicella is required. **A copy of the immunization record must be uploaded to Synergy.**
   Varicella Dose 1 (dd/mm/yy):_____**Varicella Dose 2 (dd/mm/yy):**_____

Tetanus/Diphtheria/Pertussis (Tdap): Completion of the initial series is required with a Tetanus booster, if the last dose was administered more than 10 years ago. **A copy of the immunization record must be uploaded to Synergy.**

1. **Tdap series completed (dd/mm/yy):** _____
2. **Tetanus Booster completed (dd/mm/yy):** _____

If the student has not completed the initial series (or does not have record), 2 doses are required. **A copy of the immunization record must be uploaded to Synergy.**

1. **Tdap Dose 1 (dd/mm/yy):** _____
   Tdap Dose 2 (dd/mm/yy): _____

Section A: To be completed by Healthcare Provider

Polio: Completion of the initial series is required. **A copy of the immunization record must be uploaded to Synergy.**

1. **Polio series completed (dd/mm/yy):** _____

If the student has not completed the initial series (or does not have record), 2 doses are required. **A copy of the immunization record must be uploaded to Synergy.**

1. **Polio Dose 1 (dd/mm/yy):**_____
   Polio Dose 2 (dd/mm/yy):_____

Rabies: Completion of the three dose pre-exposure series against rabies is mandatory for this program. Doses should be administered on day 0, 7 and anytime between days 21 to 28 as per the Canadian Immunization Guide. **A copy of the immunization record must be uploaded to Synergy.**

1. **Rabies Pre-Exposure Dose 1 (dd/mm/yy):**_____
2. **Rabies Pre-Exposure Dose 2 (dd/mm/yy):**_____
3. **Rabies Pre-Exposure Dose 3 (dd/mm/yy):**_____

Hepatitis B: Proof of immunity to Hepatitis B is required through blood work. If non-reactive/no immunity, the student must show proof of 2 doses (minimum). *A third dose/booster should be administered if the recommended interval has passed since the second dose.*

1. **Immunity to Hepatitis B:** Evidence of immunity to Hepatitis B. **A copy of the lab report must be uploaded to Synergy.** *Serology valid for 10 years.*
   Date blood work completed (dd/mm/yy): _____
   Hepatitis B Immunity: ☐ Yes ☐ No

2. **Hepatitis B Vaccine:** If no immunity, proof of 2 doses (minimum) of Hepatitis B is required. *A third dose/booster should be administered if the recommended interval has passed since the second dose.* **A copy of the immunization record must be uploaded to Synergy.**
   Hepatitis B Dose 1 (dd/mm/yy):_____ **Hepatitis B Dose 2 (dd/mm/yy):** _____
   Hepatitis B Dose 3 (dd/mm/yy): _____ **Hepatitis B Booster (dd/mm/yy):** _____

COVID-19 Vaccine: This vaccine is highly recommended but not mandatory. **Documentation of the COVID-19 vaccine clearly indicating the date received can be uploaded to Synergy.**

Dose 1 received (dd/mm/yy): _____ **Dose 2 received (dd/mm/yy):** _____

Additional vaccines may be required at the request of the placement agency. It is the student's responsibility to ensure they are following the agency health and safety policies.

Additional dose received (dd/mm/yy): _____

Section A: To be completed by Healthcare Provider

Influenza: An annual seasonal flu shot is not mandatory but highly recommended. Any student without the vaccination may be in jeopardy of a successful completion of the clinical course in the event of an outbreak at your placement. The influenza vaccine is available from October to March. **Documentation of the influenza vaccine clearly indicating the date received can be uploaded to Synergy**.

Influenza Received (dd/mm/yy): _____

Section B: Non-Medical Requirements - Student Reference

Non-Medical Requirements: The following non-medical requirements must be completed. If you have already obtained any of these, please ensure they are still valid by checking the expiry dates. Any requirements set to expire during the academic year/placement period must be recertified before the due date. **A copy of all non-medical documents/certificates must be uploaded to Synergy.**

Please use the check boxes as a reference to ensure you have all of the mandatory non-medical requirements.

- ☐ **CPR Level C Certificate**
- ☐ **Standard First Aid Certificate**
- ☐ **Criminal Record Check**
- ☐ **Placement Agreement**
- ☐ **Pledge of Confidentiality**
- ☐ **WSIB Declaration**
- ☐ **WHMIS Certificate**
- ☐ **Crisis Intervention Training,** *x2*
- ☐ **Worker Health and Safety Awareness in 4 Steps**
- ☐ **International Student Declaration,** *if applicable*

Section C: Must be completed by the student

Student Agreement:

I confirm that I have read this form and understand its purpose and the nature of its content. In particular, I understand that in order to comply with the Public Hospitals' Act and Ontario Hospital Association protocol, I need to demonstrate that certain health standards have been met in order for me to be granted student placement. I understand that the faculty in my educational program will be able to view the results from this form. I understand that I must have all sections of this form fully completed and reviewed by the identified due date. Failing to do so, may jeopardize my consideration for any student placement. All costs incurred for completion of this form are my sole responsibility. Should it be requested, it is my responsibility to share relevant information from this form with a hospital, long-term care home, or other clinical placement agency relating to my program.

The personal information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, Chapter 272, Section 5, R.R.O. 1990, Regulation 77 and the Public Hospital Act R.S.O. 1980 Chapter 410, R.S.O. 1986, Regulations 65 to 71 and in accordance with the requirements of the legal Agreement between the College and the agencies which provide clinical experience for students. The information is used to ensure the safety and well-being of students and clients in their care. The information in this form will be protected in accordance to the Freedom of Information and Protection of Individual Privacy Act.

Student Signature: _____ **Date (dd/mm/yy):** _____