Directions for Completing Health Assessment Record

Ontario regulations and St. Clair College policy mandate health-screening for students in Nursing, Health Sciences and Community Studies that require a placement as part of their program.

Each student must ensure that they complete and submit through the Verified system the Health Assessment Record Form. This form has 2 parts:

Part 1 – Immunization/Communicable Disease Record

Your Primary Care Provider, Physician or Nurse Practitioner (NP) must complete the entire form. Please make an appointment as soon as possible with your Primary Care Provider. If you don't have one, the College Health Centre should be available to provide this service. This process may take up to 2 months so please don't delay. Failure to complete it on time may result in a delay start to your placement.

Please obtain a copy of your immunization record from your Primary Care Provider or access it online through your local Public Health Unit.

In addition to your immunization record, you must also provide:

- Copies of serology showing immunity and
- Any prior TB skin test or chest x-ray report.
 - o If no prior TB skin test, a 2 step TB skin is mandatory (administered minimally 1 week apart).
 - o If there is record of a previous 2 step TB skin test, a 1 step TB skin is all that will be required.
 - o If there is record of a previous negative 1 step TB test, within the past 12 months, a 1 step TB test is required to be considered a 2 step.
 - A TB test is NOT required for anyone who has had a previous positive TB skin test (>10mm). A
 chest x-ray may be required.

Part 2 – Attestation

In compliance with the recommended health requirements of Communicable Disease Surveillance Protocols for Ontario and other provincial regulations, all students attending a placement are required to provide, at their own expense and prior to the beginning of the placement, an attestation that confirms they are free from communicable disease and are in good physical health. Ongoing health assessments are not required unless there is a specific episode involving contact with a communicable disease.

The St. Clair College Health Centre can assist with the completion of your Health Assessment Record. Please contact them at the appropriate campus to make your appointment.

South Campus – 519.972.2727 ext. 4484 Downtown Campus – 519.252.8311 ext. 5117 Chatham Campus – 519.354.9100 ext.3729

HEALTH AS	ORD		2025												
NAME:							DATE OF		D/YY):						
PROGRAM:								STUDENT ID #:							
PART 1 - IMMUNIZATION/COMMUNICABLE DISEASE RECORD															
HEPATITIS B	Lab reports must be attached to this repo										IMMUNITY:		YES	NO	
Documented immunity satisfies requirement. If no immunity, first series to be administered at 0-1-6-month intervals (with a minimum of first 2 doses required to be approved for placement). Serology is required after 1 st series which may be repeated no															
		-			-					-			-	repeated no	
sooner than 1 month after first series. If HEP B Dose Series DATE #1:										ier series of s	DATE #3:		irea.		-
HEP B Dose Series DATE			E #1:	Li				ATE #2:			DAI				_
Tdap (Tetanus, Diphtheria, Pertussis)															
Must be up to date within 10 years. If no record of Tdap within last 8 years, must receive booster to cover for duration of program.															
DATE OF MOST R	E*:		Ą	*Stua	dents: refer to your own program's pla				placei	ment requii	rements				
INFLUENZA		COVID		Date 1			COVID		ate 2		BOOST		TER Date		
		Manuf			icturer			Manufactu		r			facturer		
MEASLES/MUMPS/RUBELLA DATE					#1:			DATE #2:			X Cir	cle her	re if 2 nd dose N/A		
VARICELLA DATE				#1:				DATE #2:							
MMR: Either 2 do	cument	ted dose	es of MN	/IR vac	cine in cl	hildho	o boc	r 1 dose	after 2	20 years of a	ge. Var	icella:	2 documer	ited doses. If	
no proof of vaccinations as set out here, serology for immunity is required. If vaccine is required, complete TB test first.															
Attach lab reports for MMR				DATE:						UNITY:				NO	
Attach lab reports for Varicella				DATE:				IMMU		UNITY:	YI	YES N		NO	
TUBERCULOSIS TESTING A 2-step TB test is required for any initial TB testing. The 2 nd test is to be administered no sooner than 7 days after the 1 st TB skin test															
•	•		•		_								•		
and no longer tha												•			าly
requires a 1-step TB skin test. If the			here is a	is a history of a POSITIVE			VE TE	3 skin test	, a ch	st x-ray must be do		one instead of a T		B skin test.	
TBST # DATE ADMINISTERED:	MINISTERED:		DATE		READ:				ſ	NEG/+ ı	nm INITIA		ALS:		
TBST #2 DATE ADMINISTERED:	DMINISTERED:		DATE R								mm				
NOTE: A TB test n	nust be	read 48	3-72 hrs.	after a	dminist	ratior	ı to b	e valid. A	posit	ive TB test o	f 10mn	n or gr	eater requi	res chest x-ray	<u>/. </u>
CHEST X-RAY		DATE:					R	RESULTS:		NEGATIVE			POSITIVE F	OR ACTIVE TB	
PART 2 – ATTESTATION															
I hereby certify that the above-named student does not have any known health concerns that would seriously impact participation in their placement facility activities and are free from any communicable diseases to the best of my knowledge based on a physical health assessment, immunization review and tuberculosis screening that was conducted. SIGNATURE:										MEDICA	AL OF	FICE S	TAMP H	ERE	
NAME:															

DATE: