



Second Year Dental Hygiene Program

(Dental Hygiene Year 2)

The following list of questions may help you prepare for this fall:

<p>1. Will there be a clinic orientation?</p> <p>More information regarding clinic will be forthcoming.</p>
<p>2. What are my clinical medical requirements?</p> <p>Please refer to the Placement Tab on the Dental Hygiene webpage for all information related to clinic. https://www.stclaircollege.ca/programs/dental-hygiene</p>
<p>3. When will clinic begin and what are my clinic times?</p> <p>More information regarding clinic will be communicated via Blackboard.</p>
<p>4. When will I receive my second-year clinical kit? How much will it cost? What does it include?</p> <p>The dental hygiene kit cost (approximately \$4,549.46) is included in your tuition. Your kit will be distributed during clinic orientation.</p>
<p>5. What textbooks will we be using for year 2?</p> <p>Please contact the campus bookstore for textbooks required for year 2 of the dental hygiene program.</p>



DENTAL HYGIENE PROGRAM
ONE STEP T.B. TEST REQUIREMENT FORM FOR
ENTRANCE
INTO YEAR 2 CLINIC

I, _____ Birthdate: _____
(Student Signature)

Health Card # _____, Authorize Dr./N.P. _____
(Please Print)

TO RELEASE THE FOLLOWING INFORMATION TO ST. CLAIR COLLEGE.

NOTE TO PHYSICIAN/N.P.: It is recommended by the National Advisory Committee on immunization and the ONTARIO HOSPITALS ACT, REGULATIONS 518/88, that students in Health Care Programs meet the following health requirements in order to participate in the clinical component of the program.

If status is **unknown**: **a two-step** test is required.

Current T.B. skin test (+ve _____) (-ve _____) Date: _____

IF POSITIVE INDURATION IS >10 mm _____ >15mm _____ >25 mm _____

CHEST X-RAY: YES _____ NO _____

ANY INDICATION OF ACTIVE DISEASE: YES _____ NO _____

PROPHYLAXIS GIVEN: YES _____ NO _____

Physician/Nurse Practitioner Signature Section

Physician/Nurse Practitioner Signature _____ Date: _____

Physician/Nurse Practitioner Stamp (required)

Comments of Physician/Nurse Practitioner: