

CLINICAL PLACEMENT REQUIREMENTS RECORD

Dear Student,

Your chosen program of study includes clinical placements as an essential component of the program. In order to protect yourself and the patients you will be interacting with, you must complete all required immunizations before you begin the clinical placements. It is your responsibility to carefully review the following instructions and ensure that you comply with all requirements.

1. General Instructions

- Failure to submit a signed and duly completed Clinical Placement Requirements Record to the Office of Risk Management may result in late fees and/or cancellation from clinical courses/internships. The Clinical Placement Requirements Record is available from <http://www.uottawa.ca/services/ehss/CPRM-Immunization.html>
- Agencies have reserved the right to refuse access to students who do not meet their clinical placement requirements.
- The clinical placement requirements are not subject to accommodations for philosophical reasons and only a medical exemption can be accepted.
- Documents that will be accepted as proof of immunization include the provincial Immunization Record, documentation signed by your healthcare provider (nurse, nurse practitioner or physician), or laboratory evidence (report).

2. Required by all programs

Tetanus/Diphtheria

- Proof of a childhood immunization record or adult primary series (3 doses) is mandatory.
- Proof of a booster received within the last 10 years. The booster diphtheria, tetanus and acellular pertussis is recommended if it has never been received.
- Proof of tetanus/diphtheria serology (not available in Ontario) if records are unavailable.

Polio

- Proof of a childhood immunization record or adult primary series (3 doses) is mandatory.

Varicella:

- A laboratory evidence of immunity or a definite reported history is acceptable.
- Vaccination with two doses if there is no proof of immunity.

MMR

- Measles: proof of two vaccine doses (unless born before 1970) or laboratory evidence of immunity.
- Mumps: proof of two vaccine doses or laboratory evidence of immunity.
- Rubella: proof of one vaccine dose or laboratory evidence of immunity.

Hepatitis B

- Proof of vaccination and serology for Hepatitis B Surface Antibody is mandatory.
- Serology for Surface Antigen is mandatory in the absence of proof of vaccination.

Tuberculosis

- Proof of a baseline two-step Tuberculin Skin Test (TST) is mandatory in addition to a yearly one-step TST.
- Students with a history of positive TST must provide a chest x-ray report done within the past 6 months of admission. Future TST is not required but the *Tuberculosis Signs and Symptoms Self-Declaration Form* must be completed on an annual basis.
- TST is recommended 3 months post travel to any endemic area.
- An Interferon-gamma releases assay (IGRA), either QuantiFERON or T-SPOT-TB assay, performed within the year will be accepted instead of a PPD.



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3. May be required by your program.

To verify program-specific requirements see web site: <http://www.uottawa.ca/services/ehss/CPRM.html>

Influenza

- Seasonal flu vaccine for the academic year.

Cardiopulmonary Resuscitation (CPR) level C

- Mandatory on admission - see above web site for recertification frequency.

Police Record Check – a CPIC check and vulnerable sector check including amongst other things, a check for Pardoned Sexual Offences

- Mandatory on admission – see above web site for renewal frequency.

Nursing licence to practice

- Mandatory on admission – see above web site for renewal frequency.

If you have any questions contact the appropriate Clinical Placement Risk Management team member identified at:

<http://www.uottawa.ca/services/ehss/CPRM.html>.



CLINICAL PLACEMENT REQUIREMENTS RECORD

Name (Last, Given): Deshpande Anirudda Jaikrishna Student Number: _____
 Year of admission: 2013-14 Phone #: _____
 E-mail: dr.aniruddha.deshpande@gmail.com DOB(yy/mm/dd): 1980 04/ 02 Male Female

Program				
Medicine <input checked="" type="checkbox"/> <input type="checkbox"/> Undergraduate <input checked="" type="checkbox"/> Postgraduate <input type="checkbox"/> Postgrad Elective <input type="checkbox"/> Visiting Medical Student (VMS) <input type="checkbox"/> Canadian Student Abroad (CSA)	Nursing <input type="checkbox"/> <input type="checkbox"/> Generic <input type="checkbox"/> Ottawa <input type="checkbox"/> Woodroffe <input type="checkbox"/> Pembroke <input type="checkbox"/> Post-RN <input type="checkbox"/> 2nd Entry <input type="checkbox"/> MScN/NP <input type="checkbox"/> Bridging	Human Kinetics <input type="checkbox"/> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate	Nutrition <input type="checkbox"/> Undergraduate	Rehabilitation <input type="checkbox"/> <input type="checkbox"/> Audiology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Audio-Verbal Studies

Tetanus/Diphtheria: Childhood primary series or adult primary series (**mandatory**): Yes No (*Attach Records*)
 OR Serology results- Date (yy/mm/dd): ___/___/___ Positive Negative Attached
AND
 Booster (within last 10 years): Vaccine: _____ Date (yy/mm/dd): ___/___/___ Record attached

Polio: Childhood primary series or adult primary series (**mandatory**): Yes No (*Attach Records*)
 Last booster dose date (yy/mm/dd): ___/___/___ Record attached

Pertussis (Whooping cough): One-time adult dose of Tdap: (**mandatory**): (yy/mm/dd): ___/___/___ (*Attach Records*)

Tuberculin Skin Test (TST): Proof of previous two-step TST: Yes No (*Attach Records*)
Step One: A one-step must be completed for each academic year:
 Date (yy/mm/dd): ___/___/___ Time: ___:___ AM PM
 Results must be read within 48-72h of implantation.
 Date(yy/mm/dd): ___/___/___ Time: ___:___ AM PM Result: _____ mm of induration
Step Two (If required): If a previous two-step has not been completed, it must be performed 1-4 weeks (7-28 days) following the first step.
 Date (yy/mm/dd): ___/___/___ Time: ___:___ AM PM
 Results must be read within 48-72h of implantation.
 Date(yy/mm/dd): ___/___/___ Time: ___:___ AM PM Result: _____ mm of induration
Positive Results: Yes No
 If induration is ≥ 10 mm a Chest x-Ray is required:
 Date of CXR (yy/mm/dd): ___/___/___ Results: _____ (*Attach Records*)
IGRA: QuantiFERON or T-SPOT-TB assay Date (yy/mm/dd): ___/___/___ Result: _____

Bacille Calmette-Guerin (BCG) vaccine: Yes No Attached Date (yy/mm/dd): ___/___/___
Varicella (Chicken Pox): VZV Titre - Date (yy/mm/dd): ___/___/___ Results: Positive Negative Attached
 OR history of disease: Date (yy/mm/dd): ___/___/___
 Adult primary series of 2 doses is required if there is inadequate immunity
 Dose #1: Vaccine: _____ Date (yy/mm/dd): ___/___/___

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Dose #2: Vaccine: _____ Date (yy/mm/dd): ____/____/____

Measles, Mumps and Rubella (MMR): 2 documented MMR's: Yes No Record attached
MMR #1: Date (yy/mm/dd): ____/____/____ MMR #2 : Date (yy/mm/dd): ____/____/____

OR Measles serology: Date (yy/mm/dd): ____/____/____ Positive Negative Record attached
Mumps serology: Date (yy/mm/dd): ____/____/____ Positive Negative Record attached
Rubella serology: Date (yy/mm/dd): ____/____/____ Positive Negative Record attached

Hepatitis B: Primary Series complete: Yes No Record attached

Immunization dates #1(yy/mm/dd):____/____/____ #2(yy/mm/dd):____/____/____ #3(if required)(yy/mm/dd): ____/____/____

Hepatitis B Surface Antibody: Date (yy/mm/dd): ____/____/____ Result: _____ Positive Negative Record attached

Hepatitis B Surface Antigen: Date (yy/mm/dd): ____/____/____ Result: _____ Positive Negative Record attached

Booster(s) if required: Vaccine _____

#4(yy/mm/dd):____/____/____ #5(yy/mm/dd):____/____/____ #6(yy/mm/dd):____/____/____

AND Post Vaccination Hepatitis B Serology: Date (yy/mm/dd): ____/____/____

Result: _____ mlU/ml Positive Negative Record attached

Influenza (for the academic year): Proof of vaccination Record attached To follow

Vaccine: _____ Date: (yy/mm/dd): ____/____/____

If required by your program:

Cardiopulmonary Resuscitation (CPR level C): Date of issue: (yy/mm/dd): ____/____/____ Attached

Police Record Check (a vulnerable sector check including a check for any Pardoned Sexual Offences):

Date: (yy/mm/dd): ____/____/____ Original record provided (**mandatory**)

N95 Mask Fit Testing

Date: (yy/mm/dd): ____/____/____ Model: _____ Record attached

Attesting Signature of Health Care Professional (HCP)

Name: Dr. Jayant B Khardenavis MD MRCP Stamp: _____

Signature: _____

Title: _____ Date(yy/mm/dd) 2013/ 09/ 30

Student signature and authorization for disclosure of information:

I understand that it is my responsibility to inform the appropriate personnel of any communicable disease, special needs or medical conditions that may place me at risk or pose a risk to others during my clinical placements. The information on the Clinical Placement Requirements Record will be kept confidential within the Clinical Placement Risk Management Team. However, under the following circumstances and for the duration of the program, I authorize the release of the Clinical Placement Requirements Record to: the clinical site where occupational exposure occurred; the treating medical site/institution (if required) or the clinical placement site (if requested).

Signature: _____ Date: (yy/mm/dd): 2013 09 / _____