Your program of study mandates that you comply with clinical placement requirements. Please note these requirements apply to all placements, whether in research or clinical setting. In order to protect yourself, your patients and colleagues, you must complete all these requirements. You are responsible for reviewing and following the instructions carefully and ensuring that you are providing all your documentation by the deadlines.

**Important Notice for Police Vulnerable Sector Screening check**
A Police Record Check must include a Vulnerable Sector Screening (VSS) and is mandatory for clinical placement on an annual basis. The Vulnerable Sector Screening includes a search of police involvement (CPIC) but also searches for any sexual offence convictions for which an individual has received a pardon. The university reserves the right to revoke admission offers and/or registration at any time, based on the results of the police record check.

1. General Instructions
   - Failure to submit a signed and duly completed Clinical Placement Requirements Record to the Clinical Placement Risk Management office may result in late fees and/or cancellation of clinical, research or internship placements.
   - 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 health care professional (nurse, nurse practitioner or physician), or laboratory evidence (serological report).
   - As per the Canadian Immunization Guide, Evergreen Edition, “Children and adults lacking adequate documentation of immunization should be considered unimmunized and started on an immunization schedule appropriate for their age and risk factors (unless known to be immune by serologic testing).”

2. Required by all programs
   - **Tetanus/Diphtheria**
     - Proof of a childhood immunization record or adult primary series (at least 3 doses) is mandatory.
     - Proof of a booster received within the last 10 years.
   - **Tetanus/Diphtheria/Acellular Pertussis - adult (Tdap)**
     - One dose of Tdap vaccine is mandatory if not previously received in adulthood (18 years of age and older)
   - **Polio**
     - Proof of a childhood immunization record or adult primary series (at least 3 doses) is mandatory.
   - **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 in place of an annual one-step PPD.
   - **Varicella/Zoster**
     - Laboratory evidence of immunity or documentation of a health care provider diagnosis of varicella/herpes zoster that is laboratory confirmed or documentation of two-doses (2) of a varicella vaccine
     - Vaccination series is required if there is no proof of immunity.
   - **MMR**
     - Measles: proof of two vaccine doses 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.
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- **Hepatitis B**
  - Documented evidence of a complete primary series of hepatitis B immunization.
  - Serology for hepatitis B surface antibody (anti-HBs titer) **AND** hepatitis B surface antigen (HBsAg).
  - Booster(s) required if hepatitis B surface antibody (anti-HBs titer) is negative.
  - Post-vaccination hepatitis B surface antibody serology (anti-HBs titer) is mandatory 1 month later.

3. The following documentation is voluntary, although highly recommended

- **HIV and Hep C (Voluntary testing for blood borne pathogens)**
  - We highly recommend all students know their HIV and Hepatitis C status. Like Hepatitis B, these are blood borne pathogens for which there are strict policies/restrictions for risk prone activities you may be called upon to perform as a student during your various rotations. Everyone should know their status and some universities/hospitals where you may rotate already have these requirements listed as mandatory and for which you will be asked to provide serological results.
  - You should discuss this with your care provider and are encouraged to include testing and results with your record of immunization at the University of Ottawa.
  - A positive result for any blood borne virus cannot result in you being declined by your faculty or institution, but rather would result in special accommodation that would exempt you from risk prone procedures that could put patients at risk.

4. May be required by your program.

To verify program-specific requirements, please refer to our website: [http://www.uottawa.ca/services/ehss/CPRM-Deadlines.html](http://www.uottawa.ca/services/ehss/CPRM-Deadlines.html)

- **Influenza**
  - Documented evidence of seasonal flu vaccine for the academic year.

- **CPR level HCP (Cardiopulmonary Resuscitation – Health Care Provider)**

- **Standard First Aid (only for students enrolled in the Human Kinetics program)**

- **Police Vulnerable Sector Screening Check**

- **N95 Mask Fit Testing**

- **Nursing Licence to Practice**

Please return this form to Clinical Placement Risk Management Team 1 Nicholas, suite 1216 Ottawa, ON K1N 7B7. You may also email this form to your corresponding Risk Management Nurse: [http://www.uottawa.ca/services/ehss/CPRM.html](http://www.uottawa.ca/services/ehss/CPRM.html).
# Clinical Placement Requirements Record

**Program**
- Medicine
  - Undergraduate
  - Postgraduate
- Human Kinetics
  - Undergraduate
  - Postgraduate
- Nutrition
  - Undergraduate
- Rehabilitation
  - Audiology
  - Occupational Therapy
  - Physiotherapy
  - Speech-Language Pathology
  - Auditory-Verbal Diploma
- Nursing
  - Generic program
  - Postgraduate
  - Visiting Medical Student (VMS)
  - Canadian Student Abroad (CSA)
- Human Kinetics
  - Undergraduate
  - Postgraduate
- Postgraduate Elective
  - Visiting Medical Student (VMS)
  - Canadian Student Abroad (CSA)
- Nursing
  - Generic program
  - Undergraduate
  - Postgraduate
  - Postgraduate
- Human Kinetics
  - Undergraduate
  - Postgraduate
- Postgraduate Elective
  - Visiting Medical Student (VMS)
  - Canadian Student Abroad (CSA)
- Nutrition
  - Undergraduate
- Human Kinetics
  - Undergraduate
- Postgraduate
- Postgraduate

**Name (Last):** ____________________________________________  **Given:** __________________________________________

**Student Number:** __________________________________________________

**Phone #:** ____________________________________________

**Date of birth (yy/mm/dd):** ____/____/____  **Male** □  **Female** □

**Tetanus/Diphtheria:**
- Childhood primary series or adult primary series completed (mandatory): Yes ☐ (Attach Records)  No ☐

**If there is no previous documentation, provide dates of adult primary series:**

- Dates: #1(yy/mm/dd): ___/___/____  #2(yy/mm/dd): ___/___/____  #3(yy/mm/dd): ___/___/____

**AND Booster (within last 10 years):**
- Date (yy/mm/dd): ___/___/____  **Td** □  **Tdap** □

**Tetanus/Diphtheria/Acellular Pertussis - adult (Tdap)**
- Pertussis (Whooping cough): One-time adult dose of Tdap (18+) (mandatory): Date (yy/mm/dd): ___/___/____ (Attach Records)

**Polio:**
- Childhood primary series or adult primary series completed (mandatory): Yes ☐ (Attach Records)  No ☐

**If there is no previous documentation, provide dates of adult primary series:**

- Dates: #1(yy/mm/dd): ___/___/____  #2(yy/mm/dd): ___/___/____  #3(yy/mm/dd): ___/___/____

**Tuberculin Skin Test (TST):**
- Proof of previous two-step TST: Yes ☐ (Attach Records)  No ☐

**Step One: A one-step must be completed for each academic year:**
- Date implanted (yy/mm/dd): ___/___/____  Time: ____:___ AM  PM ☐
- Results must be read within 48-72h of implantation.
- Date read (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 7 to 28 days following step one.
- Date implanted (yy/mm/dd): ___/___/____  Time: ____:___ AM  PM ☐
- Results must be read within 48-72h of implantation.
- Date read (yy/mm/dd): ___/___/____  Time: ____:___ AM  PM  Result: ________ mm of induration

**Positive Results:**
- Yes ☐  No ☐
- If induration is ≥10mm, a chest x-ray is required.
- Date of CXR (yy/mm/dd): ___/___/____  Result: ______________________ (Attach Records)

**IGRA:**
- QuantiFERON ☐ or T-SPOT-TB assay ☐ Date (yy/mm/dd): ___/___/____  Positive ☐  Negative ☐ (Attach Records)

**Bacille Calmette-Guerin (BCG) vaccine:**
- Yes ☐  No ☐  Date (yy/mm/dd): ___/___/____ (Attach Records)
Varicella (Chicken Pox):
Serology: Date (yy/mm/dd): ____/____/____ Immune ☐ Non-immune ☐ (Attach Records)
OR Documentation of laboratory confirmed diagnosis of varicella/herpes zoster Date (yy/mm/dd): ____/____/____ (Attach Records)
OR Documentation of 2 doses of varicella containing vaccine: Dose #1: Vaccine: __________ Date (yy/mm/dd): ____/____/____

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

Measles, Mumps and Rubella (MMR): 2 documented MMR’s: Yes ☐ (Attach Records) No ☐

If no, provide MMR vaccines or serology:
MMR #1: Date (yy/mm/dd): ____/____/____ MMR #2: Date (yy/mm/dd): ____/____/____

OR Measles serology: Date (yy/mm/dd): ____/____/____ Immune ☐ Non-immune ☐ (Attach Records)

Mumps serology: Date (yy/mm/dd): ____/____/____ Immune ☐ Non-immune ☐ (Attach Records)

Rubella serology: Date (yy/mm/dd): ____/____/____ Immune ☐ Non-immune ☐ (Attach Records)

Hepatitis B (Hep B) vaccination and serology requirements

Part A:
1. Provide dates of vaccine series
   Dose #1(yy/mm/dd):_____/_____/_____ Dose #2(yy/mm/dd):_____/_____/_____ Dose #3(yy/mm/dd):_____/_____/_____  
2. Provide date and result of Hep B surface antibody (anti-HBs) AND Hep B surface antigen (HBsAg) test (Mandatory)
   anti-HBs titer: Date (yy/mm/dd):_____/_____/_____ Result: ______IU/L (attach lab report)
   HBsAg: Date (yy/mm/dd):_____/_____/_____ Negative ☐ Positive (attach lab report)

3. Proceed with the following directions according to the blood test results:
   If anti-HBs titer ≥ 10IU/L and HBsAg is negative, you are immune. No further action is required
   If anti-HBs titer < than 10IU/L and HBsAg is negative, you are non-immune. Proceed to Part B
   If anti-HBs titer < than 10IU/L and HBsAg is positive, you must consult a health care professional and complete the Positive HBsAg follow-up form

Part B: If you are identified as non-immune (anti-HBs < than 10IU/L) and HBs Ag is negative
Obtain and provide date of booster vaccine (yy/mm/dd):____/____/____
Provide date and result of anti-HBs titer test result (attach lab report)

Blood test must be completed 30 days following booster vaccine, NO EARLIER
anti-HBs titer: Date (yy/mm/dd):_____/_____/_____ Result: ______IU/L If ≥ 10IU/L you are immune. No further action is required
If < than 10IU/L you must complete and submit the Hepatitis B second immunization series and serology follow-up form

* Forms are available on our website at http://www.uottawa.ca/services/ehss/CPRM-Forms.html

HIV and Hep C - Voluntary testing for blood borne pathogens

We highly recommend all students know their HIV and Hepatitis C status. Like Hepatitis B, these are blood borne pathogens for which there are strict policies/restrictions for risk prone activities you may be called upon to perform as a student during your various rotations. Everyone should know their status and some universities/hospitals where you may rotate already have these requirements listed as mandatory and for which you will be asked to provide serological results.

You should discuss this with your care provider and are encouraged to include testing and results with your record of immunization at the University of Ottawa.

A positive result for any blood borne virus cannot result in you being declined by your faculty or institution, but rather would result in special accommodation that would exempt you from risk prone procedures that could put patients at risk.

Hepatitis C
Date (yy/mm/dd):_____/_____/_____ Result: Reactive ☐ Non-reactive ☐ (attach lab reports)

HIV
Date (yy/mm/dd):_____/_____/_____ Result: Reactive ☐ Non-reactive ☐ (attach lab reports)

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Name: ____________________________  Student #: ____________________________

**Influenza (for the academic year):** Proof of vaccination  To follow □

| Vaccine: _______________________ | Date (yy/mm/dd): ___/___/____ | (Attach Records) |

If required by your program:

- Cardiopulmonary Resuscitation (CPR level C)  *(Attach Records)*
- Standard First Aid  *(Attach Records)*
- Police Vulnerable Sector Screening Check:  *(Attach Original Document)*
- N95 Mask Fit Testing
  | Date (yy/mm/dd): ___/___/____ | Model: ____________ | (Attach Records) |
- Nursing Licence to Practice  *(Attach Records)*

**Attesting Signature of Health Care Professional (HCP)**

| Name: ____________________________ | Stamp: ____________________________ |
| Signature: ____________________________ | ____________ |
| Title: ____________________________ |  |
| Date (yy/mm/dd): ___/___/____ |  |

**Student's Consent to Release 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).

I am aware that should I have a notable police contact my police record check or self-declaration for service with the vulnerable sector and all supporting documentation will be released to the Faculty/School delegate responsible for its review. The University reserves the right to revoke admission offers and/or registration at any time, based on the results of the police record check.

| Signature: ____________________________ | Date (yy/mm/dd): ___/___/____ |

**Please return this form to:**

Clinical Placement Risk Management Team 1 Nicholas, suite 1216 Ottawa, ON K1N 7B7. You may also email this form to your corresponding Risk Management Nurse: [http://www.uottawa.ca/services/ehss/CPRM.html](http://www.uottawa.ca/services/ehss/CPRM.html).