Human Kinetics: Laboratory Course Requirements

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<th>Laboratory Course</th>
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<td><strong>Fall:</strong> APA 3114 □ APA 3514</td>
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<td><strong>Winter:</strong> APA 2314 □ APA 2714 □ APA 4315 □ APA 4715 □ APA 4160 □ APA 4560</td>
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**Name (Last):** ___________________________________________ (Given): ____________________________

**Student Number:** ___________________________________________ Year of admission: 20__________

**Phone #:** ___________________________ E-mail: ___________________________

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

**Hepatitis B (Hep B) vaccination and serology (blood test) 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 ≥ 10 IU/L and HBsAg is negative, you are immune. No further action is required.
   - If anti-HBs titer < 10 IU/L and HBsAg is negative, you are non-immune. Proceed to Part B.
   - If anti-HBs titer < 10 IU/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 10 IU/L) and HBsAg 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 ≥ 10 IU/L you are immune. No further action is required.
  - If < than 10 IU/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

**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 email this form to your corresponding Risk Management Nurse. http://www.uottawa.ca/services/ehss/CPRM.html