



uOttawa

Clinical Placement Risk Management

### Human Kinetics: Laboratory Course Requirements

<b>Laboratory Course</b>	
Fall: <input type="checkbox"/> APA 3114 <input type="checkbox"/> APA 3514	
Winter: <input type="checkbox"/> APA 2314 <input type="checkbox"/> APA 2714 <input type="checkbox"/> APA 4315 <input type="checkbox"/> APA 4715 <input type="checkbox"/> APA 4160 <input type="checkbox"/> APA 4560	
Name(Last): _____ (Given): _____	
Student Number: _____ Year of admission: 20 _____	
Phone #: _____ E-mail: _____	
Date of birth (yy/mm/dd): ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Hepatitis B (Hep B) vaccination and serology (blood test) requirements</b>	
<b>Part A:</b>	
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 ( <b>anti-HBs</b> ) <b>AND</b> Hep B surface antigen ( <b>HBsAg</b> ) test (Mandatory) <b>anti-HBs titer:</b> Date (yy/mm/dd): ____/____/____   Result: _____IU/L ( <b>attach lab report</b> ) <b>HBsAg:</b> Date (yy/mm/dd): ____/____/____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive ( <b>attach lab report</b> )	
3. <b>Proceed with the following directions according to the blood test results:</b> If anti-HBs titer $\geq$ 10IU/L and HBsAg is <b>negative, you are immune. No further action is required</b> If anti-HBs titer <than 10IU/L and HBsAg is <b>negative, you are non-immune. Proceed to Part B</b> If anti-HBs titer <than 10IU/L and HBsAg is <b>positive, you must consult a health care professional and complete the Positive HBsAg follow-up form*</b>	
<b>Part B: If you are identified as non-immune ( anti-HBs &lt;than 10IU/L) and HBs Ag is negative</b>	
Obtain and provide date of <b>booster vaccine</b> (yy/mm/dd): ____/____/____	
Provide date and result of <b>anti-HBs titer</b> test result ( <b>attach lab report</b> )	
<b>Blood test must be completed 30 days following booster vaccine, NO EARLIER</b>	
<b>anti-HBs titer:</b> Date (yy/mm/dd): ____/____/____   Result: _____IU/L   If $\geq$ 10IU/L <b>you are immune. No further action is required</b> If < than 10IU/L <b>you must complete and submit the Hepatitis B second immunization series and serology follow-up form*</b>	
*Forms are available on our website at <a href="http://www.uottawa.ca/services/ehss/CPRM-Forms.html">http://www.uottawa.ca/services/ehss/CPRM-Forms.html</a>	
<b>Attesting Signature of Health Care Professional (HCP)</b>	
Name: _____	Stamp:
Signature: _____	
Title: _____	
Date (yy/mm/dd): ____/____/____	
<b>Student's Consent to Release Information:</b>	
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.	
<b>Signature:</b> _____ <b>Date (yy/mm/dd):</b> ____/____/____	

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