

POSITIVE HEPATITIS B SURFACE ANTIGEN (HBsAg) FOLLOW-UP

Last name:	First name:	
Date of birth (yyyy/mm/dd):	Telephone:	
Email:	Year of admission:	Student number:

Program	Nursing	Rehabilitation Sciences	Food and Nutrition Sciences	Human Kinetics
<input type="checkbox"/> Generic program (select campus): <input type="checkbox"/> Ottawa <input type="checkbox"/> Woodroffe <input type="checkbox"/> Pembroke <input type="checkbox"/> Bridging <input type="checkbox"/> Second Entry <input type="checkbox"/> Graduate MScN <input type="checkbox"/> Diploma in PHCNP	<input type="checkbox"/> Audiology <input type="checkbox"/> Speech Language Pathology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	

Positive HBsAg follow-up *To be completed by a health-care provider*

Restrictions for clinical placement or future practice?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

If so, please specify the type of restriction required:

Signature of attesting health-care provider

Name:	Initials:	Medical clinic stamp:
Address:		
Tel.:	Profession:	
Signature:	Date:	

Email this form to your student placement and experiential learning requirements management adviser at the Faculty of Health Sciences.