



uOttawa

Clinical Placement Risk Management

CLINICAL PLACEMENT REQUIREMENTS RECORD

Your program of study requires that to protect yourself, your clients/patients, and your colleagues, you must complete all these requirements. You are responsible for carefully reviewing the following instructions and for providing all required documentation by the [deadlines](#).

Important Notice for Police Vulnerable Sector Screening (VSS)

An annual VSS is mandatory for all placements and 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 VSS.

1. General Instructions

- The clinical placement requirements are not subject to accommodations for philosophical reasons and only a **medical** exemption can be accepted.
- Agencies have reserved the right to refuse access to students who do not meet their clinical placement requirements.
- Documents that will be accepted as proof of immunization include provincial immunization records; documentation signed by a health care professional (nurse, nurse practitioner or physician); or laboratory evidence (serological report).
- As specified in 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 a positive TST must provide a chest X-ray report completed after the positive TST. Future TST is not required but the [Tuberculosis Signs and Symptoms Self-Declaration form](#) must be completed on an annual basis.
 - TST is recommended within 3 months of returning from travel to any endemic area.
- **Varicella/Zoster**
 - Laboratory evidence of immunity **or**
 - Documentation of a diagnosis by a health care provider of varicella/herpes zoster that is laboratory confirmed **or**
 - Documentation of two-doses (2) of 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.
- **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 one month later.



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- **Influenza**
 - Documented evidence of seasonal flu vaccine for the academic year. This is a **mandatory** annual requirement.
 - The vaccine is typically available by October and proof of vaccination must be submitted annually by December 1.
- **COVID-19**
 - Documented evidence of full vaccination against COVID-19
 - Please attach proof of official vaccine records for each individual dose.

3. It is highly recommended to submit the following documentation (undergraduate medical students ONLY).

- **HIV and Hep C**
 - All **undergraduate medical students** should 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 have to perform as a student during your various rotations. Everyone should know their status and some universities/hospitals where you may rotate have listed these requirements as mandatory, in which case you will be required to provide serological results.
 - Upon acceptance, **undergraduate medical students** are required to inform the Vice Dean, Undergraduate Medical Education (UGME), if they are positive for a blood-borne virus. The Vice Dean UGME may consult with the Expert Board/Board of Medical Assessors or other experts as appropriate. Confidentiality concerning the applicant's state of health will be maintained to the greatest extent possible.
 - You should discuss this with your health care provider and are encouraged to include testing and results in your record of immunization at the University of Ottawa.
 - A positive result for any blood-borne virus will not cause your faculty or institution to decline you; rather, it will result in special accommodations that will exempt you from risk-prone procedures that could put patients at risk.

To verify other program-specific requirements, refer to the [Program requirements](#) and [deadlines](#) on the Faculty of Medicine Clinical Placement Risk Management (FoM CPRM) website.

Please email this form to your corresponding FoM CPRM Advisor at the University of Ottawa.



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Program		
Medicine <input type="checkbox"/> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Undergraduate Elective <input type="checkbox"/> Visiting Medical Student <input type="checkbox"/> Canadian Studying Abroad <input type="checkbox"/> International	Medicine <input type="checkbox"/> <input type="checkbox"/> Postgraduate <input type="checkbox"/> Postgraduate Elective <input type="checkbox"/> Enhancement Year Program	Pharmacy <input type="checkbox"/> <input type="checkbox"/> Undergraduate
Last name: _____ First name: _____		
Student number: _____ Year of admission: _____		
Email: _____ Telephone #: _____		
Date of birth (yyyy/mm/dd): ____ / ____ / ____		
Health Care Professional (HCP) Information Every HCP who completes any part of this form must complete this section. HCP initials attest that the HCP has either provided the service or reviewed the student's adequately documented records. If more than three HCPs are involved in completing this form, print a second copy of this page. Students are NOT permitted to complete their own forms.		
Attesting Signature of Health Care Professional (HCP)		
HCP #1 Name: _____ Initials: _____ Profession: _____ Address: _____ Tel: _____ Fax: _____ Signature: _____ Date: _____		Medical Clinic Stamp:
HCP #2 Name: _____ Initials: _____ Profession: _____ Address: _____ Tel: _____ Fax: _____ Signature: _____ Date: _____		Medical Clinic Stamp:
HCP #3 Name: _____ Initials: _____ Profession: _____ Address: _____ Tel: _____ Fax: _____ Signature: _____ Date: _____		Medical Clinic Stamp:

**1. Pertussis (Whooping cough)**

Document a one-time, acellular pertussis containing immunization (Tdap or Tdap-Polio) given at age 18 years or older.

Date (yyyy-mm-dd)	Type of Vaccine used	Age Received	HCP Initials

2. Tetanus, Diphtheria, and Polio

Document the last three tetanus/diphtheria and polio containing immunizations (minimum one month between first two doses of a series; minimum six months between last two doses; last tetanus/diphtheria immunization must be within the past ten years).

	Tetanus/Diphtheria, Date (yyyy-mm-dd)	Polio, Date (yyyy-mm-dd)	HCP Initials
Vaccine 1			
Vaccine 2			
Vaccine 3			

3. Measles, Mumps, Rubella, and Varicella

Documented 2 doses of MMR vaccine or positive serology for antibodies (IgG) – serology reports must be attached.

Documented 2 doses of varicella vaccine or positive serology for antibodies (IgG) – serology reports must be attached.

Immunizations	Vaccine 1, Date (yyyy-mm-dd)	Vaccine 2, Date (yyyy-mm-dd)	HCP Initials
Measles Vaccine			
Mumps Vaccine			
Rubella Vaccine			
Varicella Vaccine			

For students with no record of measles, mumps or rubella immunizations, the preferred approach is to immunize without checking pre-immunization serology (regardless of age), although testing serology (IgG) is an acceptable alternative to immunization.

For students with no record of varicella immunizations, varicella serology must be tested. Post-immunization serology testing for measles, mumps, rubella, or varicella should NOT be done once immunization requirements have been met. Serology lab reports **MUST** be attached.

Serology	Test Date (yyyy-mm-dd)	Laboratory results	Interpretation (immune or non-immune)	HCP Initials
Measles IgG				
Mumps IgG				
Rubella IgG				
Varicella IgG				



4. Tuberculosis (TB)

4a. Past TB History

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Documented positive tuberculin skin test (TST) (test result to be documented in the table below), clear history of blistering TST reaction (attach record).
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Previous diagnosis and/or treatment for TB disease or TB infection

If you answered **YES** to either of these 2 questions, complete **section 4b**.

If you answered **NO** to both questions, complete **section 4c**.

4b. Documented Positive TST. If "Yes" applies to the student on each of the above two questions, documentation of the positive TST is required

	Date Given (Implantation) (yyyy-mm-dd)	Date Read (yyyy-mm-dd)	Millimeters of Induration	Interpretation according to Canadian TB standards	HCP Initials
Positive TST					

If a student has a positive TST documented or any other positive TB history, the student must submit a chest X-ray report. The chest X-ray must be obtained subsequent to the positive TST or positive TB history. **Chest X-Ray report MUST be attached.**

	Date Obtained (yyyy-mm-dd)	Result	Report attached	HCP Initials
Chest X-ray		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If any abnormalities of the lung or pleura are noted on the chest X-ray report, documentation from a physician explaining the findings is required. Physicians must attach a letter.

4c. Two-Step TST. If "No" applies to the student on each of the above two questions (**Section 4a**), documentation of a two-step TST is required (two separate tests, ideally 7-to-28 days apart but may be up to 12 months apart). A two-step TST given at any time in the past is acceptable; a two-step TST does not need to be repeated. There must be 48-72 hours between implantation and reading.

	Date Given (Implantation) (yyyy-mm-dd)	Date Read (yyyy-mm-dd)	Millimeters of Induration	Interpretation according to Canadian TB standards	HCP Initials
1-Step TST					
2-Step TST					

Annual one-step TST

If the two-step TST was done more than one year ago, the student needs to have a single TST performed.

	Date Given (Implantation) (yyyy-mm-dd)	Date Read (yyyy-mm-dd)	Millimeters of Induration	Interpretation according to Canadian TB standards	HCP Initials
1-Step TST					



5. Hepatitis B

Immunizations	Date (yyyy-mm-dd)	Type of Vaccine	HCP Initials
Vaccine 1			
Vaccine 2			
Vaccine 3 (if required)			
Vaccine 4 (if required)			
Vaccine 5 (if required)			
Vaccine 6 (if required)			

*If information on the name of the vaccine given is no longer available, simply document the date of the immunization.

Serology: If the student is immune, only the most recent positive antibody to hepatitis B surface antigen (anti-HBs) is required. If the student is a vaccine non-responder who cannot achieve immunity despite two complete hepatitis B series, only the most recent negative post-immunization anti-HBs is required. All students must have a test for hepatitis B surface antigen (HBsAg) conducted on or after the time of the assessment for hepatitis B immunity. **Serology lab reports MUST be attached.**

	Date (yyyy-mm-dd)	Laboratory result	Interpretation (immune or non-immune)	HCP Initials
Anti-HBs (HBsAb)				
HBsAg				

****Both the Hepatitis B antibody and surface antigen MUST be completed.**

6. Influenza

Proof of an up-to-date seasonal influenza vaccine is mandatory.

	Date (yyyy-mm-dd)	HCP Initials
Current seasonal influenza vaccine		

7. COVID-19

Documented evidence of full vaccination against COVID-19 is required. **Official records of each individual dose MUST be attached.**

COVID-19 Vaccine	Vaccine Name	Date (yyyy-mm-dd)	HCP Initials
Vaccine 1			
Vaccine 2			
Vaccine 3 (if received)			

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