Key Messages

- Some immunization and testing requirements may require months to complete.
- Other than when students of Quebec medical schools apply to another Quebec medical school, visiting medical electives applications to Canadian medical schools must include the AFMC Student Portal Immunization and Testing Form ("Form"). Check the Host school’s Institution Profile for additional details.
- When starting a form use only the most recent version of the Form by accessing the AFMC Student Portal at: https://www.afmcstudentportal.ca/Immunization.
- If a student had the 2023 AFMC Student Portal Immunization and Testing Form completed prior to May 15, 2024, the student may continue to use the previous versions of the Form for the duration of the student’s time in medical school.
- Most of the Form must be completed by an appropriate health care professional (HCP) whose scope of practice includes immunization. Close family members and postgraduate residents are not permitted to complete any part of the Form.
- The student must complete Section A on page 1, and if required for a student’s circumstances, Appendices A, B and D.
- The student is responsible for ensuring that all sections are complete prior to submitting the Form.
- Once complete, the student must upload the Form and required appendices and reports as a single PDF file.
- Additional documentation (e.g., immunization or testing records) is attached to the Form only when specifically requested on the Form or when requested by the host school.
- Each student is encouraged to take a copy of the completed Form when traveling to another medical school for a visiting elective.
I. Introduction

The following document describes the 2024 AFMC Student Portal Immunization and Testing Form (“Form”). When students apply to Canadian medical schools for visiting medical elective placements they must follow the requirements of the schools to which they apply. General requirements are listed on the AFMC Student Portal website, and school specific additional requirements should be reviewed for each host school by visiting the host schools pages. With the notable exception of a student from a Quebec medical school applying for a visiting elective at another Quebec medical school, all Canadian medical schools require that a student applicant’s immunization and testing documentation is submitted with the application using the Form.

II. Background

All Canadian medical schools have approved the use of the Form for visiting electives. Requirements shown on the form are largely based on current Canadian immunization and tuberculosis guidelines. The Form is reviewed and, if necessary, updated annually. Some of the requirements on the Form may differ from those that a student followed at entry to medical school.

III. Form version

The most recent version of the Form is available from the AFMC Student Portal website at: https://www.afmcstudentportal.ca/Immunization. If a student had the 2023 AFMC Student Portal Immunization and Testing Form completed prior to January 1, 2024, the student may continue to use the previous versions of the Form for the duration of the student’s time in medical school. All others are required to use the 2024 version of the Form.

IV. Documents

The following documents have been developed for this process:

1. AFMC Student Portal Immunization and Testing Form (“Form”)
2. Student Guide to the AFMC Student Portal Immunization and Testing Form (this document)
3. AFMC Student Portal Immunization and Testing Guidelines (“Guidelines”)

All students applying for a visiting medical elective are advised to become familiar with all requirements of the Form, especially as some of the immunization requirements can take several months to complete. The ‘Student Guide’ is written for students. The Student Guide provides key points that every student should know; succinct background information; and answers to frequently asked questions. The third document is directed to health care professionals who complete the Form, but it is available as optional reading for students who may find it a useful reference.

All documents can be found on the AFMC website at https://afmcstudentportal.ca/immunization.

Always obtain the Form directly from the AFMC Student Portal website when needed, as this ensures that you are using the most up-to-date version of the Form. The use of an expired version of the Form will likely cause delays in the approval process of a student’s visiting electives application.
Most, but not all, health requirements are identical among the various schools. The differences that are identified on the Form are mentioned in greater detail later in this document.

V. Completing the Form

1. Ensure complete information is provided
   Students are responsible for ensuring that all parts of the Form are completed before submitting it as part of a visiting electives application. Submission of incomplete Forms can lead to confusion and creates extra work for the medical schools and the student. In certain exceptional circumstances (e.g., there is not enough time to complete a lengthy immunization series or a specific vaccine or test is not available), most, but not all host schools will accept the Form with the expectation that an updated Form to follow. Contact the host school in advance of submitting the Form if this exceptional circumstance applies to you.

2. Ensure information is up-to-date
   Most of the information documented on the Form will not “expire”, for example, a complete mumps immunization series (two doses), once documented, will not need to be updated.

   A few immunizations or test results, however, will need to be kept current before submitting the Form or as part of an application process. For example:

   a. Most medical schools require a seasonal influenza immunization. Students may be applying when an influenza immunization is not yet available. A student can submit the Form as part of an application, then later submit the form again with the influenza documentation added, after vaccine becomes available.

   b. Students who have had a positive tuberculin skin test or other positive TB history will need to complete the document Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form (Appendix B); students are encouraged to complete Appendix B around the time of the elective application to ensure the information is current.

   c. Testing and reporting for human immunodeficiency virus (HIV) and hepatitis C virus is required for Saskatchewan, but only once an elective has been confirmed. Upload the official laboratory report on AFMC Student Portal. Test results do not need to be shared with other medical schools. See specific details at each School Institution Profile. For McMaster University and University of Saskatchewan, testing is required for confirmed electives in obstetrics, gynecology, emergency and surgical specialties only; results must be dated after March 1 of the year of entry into medical school and are valid for 4 years.

3. Involve an appropriate Health Care Provider
   An appropriate HCP working within his or her scope of practice must complete the Form. This may include a physician, a nurse (including a nurse practitioner), or a physician assistant. In some provinces pharmacists can perform immunizations, and such pharmacists can also complete specific sections of the Form relating to immunizations.
The Form must not be completed by a close family member (e.g., parent, spouse/partner, sibling, or offspring). The Form must not be completed by a postgraduate resident unless that resident has a full license to practice medicine.

Some medical schools (e.g., campus medical clinics or medical faculties) may have HCPs who will assist students with the completion of the Form. If such a service is not available, students should visit an appropriate HCP with all relevant immunization and testing documents to have the Form completed.

Medical students must not complete any part of this form with the exception of Section A and (if indicated) Appendices A, B, and D; the remainder of the form is to be completed by the HCP. The sections that a student must complete are clearly identified throughout the Form.

4. Multiple HCPs completing the Form

More than one HCP may be involved with completing the Form for a student. Some of the situations where this may occur are as follows:

a. One HCP may provide the first few doses of an immunization series, and another HCP may offer subsequent doses; both HCPs will be documenting on the same form at different times.

b. A student may require an immunization or test after part of the Form has already been completed. For example, seasonal influenza vaccine may not be available at the time the Form is initially completed, and a student may need to have this added at a later date.

HCPs should ensure that their information is documented on page 2, i.e., name, profession (e.g., nurse, physician), address, telephone, fax, initials, signature, and date that this information was documented. All entries made by the HCP on any part of the Form must be initialed. HCP initials verify that the HCP has either provided the service to the student, or that the HCP has reviewed the student’s adequately documented records immunization; documents based on estimated dates or verbal histories must not be counted. HCPs are permitted to recopy immunization or testing documentation onto the Form from another source so long as the HCP is satisfied the records are accurate. If more than three HCPs are involved with completing the Form, a second copy of page 2 can be printed and used to document the information for the additional HCPs.

VI. Structure of the Form

The Form consists of five core (i.e., required) pages and four appendices:

1. Core pages

The first five pages need to be completed for each student. Section A on page 1 (i.e., the “Student Declaration”) is to be completed by the student. The remaining core pages (i.e., pages 2 – 5) are to be completed by the HCP. The core pages include requirements for pertussis, tetanus, diphtheria, polio, tuberculosis, measles, mumps, rubella, varicella, hepatitis B, influenza, and for students applying to certain schools, test results for human immunodeficiency virus and hepatitis C.

2. Appendices
The Form has four appendices. The appendices apply in specific circumstances and should only be completed and submitted if applicable to the student. Most students will not need any appendices completed.

a. Appendix A: Exceptions and Contraindications to Immunizations and Testing, Self-Declaration Form.
   This appendix is to be completed by the student if the student is unable to meet any of the requirements listed in the Form due to a medical or health condition (not including a contraindication to tuberculin skin testing). The medical or health condition in question must be described by the HCP on page 2 and/or through attached documentation.

b. Appendix B: Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form.
   This appendix is to be completed by the student if the student has either (1) a positive TB history (as defined in Appendix B and on page 3), OR (2) a positive TB exposure history (as defined on page 3). Students are encouraged to complete Appendix B around the time of the elective application to ensure the information is current.

c. Appendix C: Explanation of Radiographic Findings.
   If this appendix is required, it must be completed by a physician. Students who require a chest X-ray often have normal findings, in which case this appendix is NOT needed.
   If, however, any abnormalities of the lung or pleura are noted, this appendix must be completed by a physician who has assessed a student with abnormalities of the lung or pleura noted on a chest X-ray (alternatively it is acceptable to attach a letter or form covering the indicated items from a tuberculosis clinic or other specialized clinic).

d. Appendix D: Hepatitis B Vaccine Non-Immune Self-Declaration Form.
   This appendix is to be completed by the student if the student:
   1. is still in the process of completing a documented hepatitis B immunization series; OR
   2. failed to respond adequately on serological testing to two documented hepatitis B immunization series.

VII. Differences among medical school requirements

Although the Canadian medical schools have reached consensus on most areas covered by the Form, there are still a few differences that remain among schools. The student is responsible for ensuring that each host school’s requirements have been met. For the most current list of school specific requirements refer to the table listed at https://afmcstudentportal.ca/Immunization.

Requirements differ among schools in the following five areas:

1. Mumps serology:
   In the event of a mumps outbreak during a visiting elective at the University of Alberta, the University of Calgary or Memorial University of Newfoundland, a visiting electives student may not be allowed to commence or complete the elective if the student’s evidence of mumps immunity is based on serology alone, rather than a complete and documented immunization series or laboratory evidence of infection.

2. Updated Tuberculin Skin Test (TST):
For the **University of Ottawa**, if the most recent TST was given over 12 months prior to the elective start date, a single TST will be required for students without contraindications attending an elective at the University of Ottawa.

For **Western University**, if a student answers “Yes” to any of the two TB exposure questions found in Section F. Tuberculosis (TB) of the AFMC Form, a repeat TST is required for students without contraindications. The TST must be performed eight or more weeks after the last known possible contact with infectious TB disease (e.g., return from an international elective). This is required as part of the elective application, it must not wait until the elective is approved. IGRA (Interferon-gamma release assay) acceptable under the following condition: for international students.

For **NOSM University, Queen’s University** and **University of Toronto**, TIGRA (Interferon-gamma release assay) acceptable under the following condition: for international learners when TST is unavailable.

For **University of Calgary, Dalhousie University, University of Manitoba, McMaster University, Memorial University, and University of Saskatchewan**, TST is required.

Other medical schools TST not routinely required for Canadian students.

### 3. Seasonal influenza immunization:

An up-to-date seasonal influenza immunization is required for electives occurring during November to June inclusive for the following medical schools: **Dalhousie University, McGill University, McMaster University, Memorial University, Northern Ontario School of Medicine University, Queen’s University, University of Manitoba, University of Ottawa, University of Toronto, and Western University**.

The **University of British Columbia** requires either a documented influenza immunization or that a mask be worn for electives November to June inclusive.

All other medical schools highly recommend influenza vaccination. According to the Canadian Immunization Guide, health care workers (HCW) “should consider annual influenza vaccination included in their responsibility to provide the highest standard of care. In the absence of contraindications, refusal of HCWs to be immunized against influenza implies failure in their duty of care to patients.”

### 4. HIV and hepatitis C testing:

Testing and reporting for human immunodeficiency virus (HIV) and hepatitis C virus is required for **McMaster University, and University of Saskatchewan**, but only once an elective has been confirmed. Upload the official laboratory report on AFMC Student Portal. Test results do not need to be shared with other medical schools. See specific details at each School Institution Profile.

For **McMaster University** and **University of Saskatchewan**, testing is required for confirmed electives in obstetrics, gynecology, emergency, and surgical specialties only; results must be dated after March 1 of the year of entry into medical school and are valid for 4 years.

### 5. COVID-19:
Dalhousie University, Queen’s University, NOSM University, Western University, and University of Manitoba require proof of a 2 dose primary series.

University of Ottawa require full vaccination. See Ottawa's website for details. [https://med.uottawa.ca/cprm/program-requirements/immunizations](https://med.uottawa.ca/cprm/program-requirements/immunizations)

McMaster University require primary vaccination series according to NACI guidelines mandatory. See McMaster institution profile for details.

For University of Saskatchewan, a complete COVID-19 vaccination series is required, and boosters are strongly recommended.

For University of Toronto, proof of COVID-19 vaccine (2 doses) of a health Canada approved vaccine series with some flexibility to accept non-Health Canada approved vaccines.

For University of British Columbia, BC PHO states “vaccinated” means to have received, at least 7 days previously, one dose of Janssen COVID-19 vaccine, or two doses of a vaccine or a combination of vaccines.

6. Applications from students attending medical school outside of Canada

Western University requires international trainees to upload actual proof of information on the completed Immunization form (i.e., immunization records, (yellow immunization cards), titers, lab reports, physician letters) together with the fully completed Immunization Form. As well, for Western University, an interferon gamma release assay (IGRA) test is not acceptable for international students when a TST is indicated (this is not an issue for Canadian applicants since tuberculin skin testing is available in all provinces and territories.

VIII. English and French versions

There are two versions of the Form: an English version and a French version (there is no bilingual version). Either version can be submitted to any Canadian medical school.

IX. Having accessible documentation

In addition to submitting the Form to a medical school in advance, it is strongly recommended that a student keep a copy of the Form with his or her health files at home. Taking a copy of the Form with you when travelling may prove useful in the following situations:

- A student may be asked for a copy of the Form by a clinical placement site, facility, etc. (for example, a facility or clinic where an elective takes place may ask to see documentation of a seasonal influenza immunization).
- A student may experience an exposure to a communicable disease (e.g., tuberculosis, mumps, hepatitis B), and having immunization or testing documents readily available may prove useful for a post-exposure assessment, which may include testing and prophylaxis.

X. Frequently Asked Questions (FAQs)
1. General

Question 1: How do I know that my personal health information is kept confidential?
Answer: The Canadian medical schools are obligated by law to keep your personal health information confidential, and only the minimal number of individuals required at each medical school will access and use the information provided.

Question 2: Can I just attach documentation of my immunizations and tests without having the Form completed if the information is the same?
Answer: No. All students must submit the completed Form. It is also not appropriate to attach original immunization and testing documentation (e.g., serology reports) to the Form other than when requested. This helps ensure that every student is following the requirements set by the medical schools and enables schools to determine that no documentation is missing.

Question 3: If I have records of previous immunizations will these count, or do I need to have these immunizations repeated?
Answer: Discuss this with the HCP assessing your immune status. In general, previous records will count so long as the immunization is properly documented and respects the minimal age and spacing intervals of that particular immunization series.

Question 4: I had immunizations administered previously but the records are not available. What should I do?
Answer: An attempt should be made to obtain immunization records from the previous clinician, facility, or public health unit. If this is not successful then in general, the immunizations should be repeated. Parental recall of prior immunization is known to correlate poorly with vaccines received and is not acceptable as evidence of immunization. Serological testing for immunity has a limited role in this area and for most immunizations is not recommended. The Canadian Immunization Guide states:

“Routine serologic testing to determine the immunity of children and adults without immunization records is generally not practical. The following approach is recommended: 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.”

Discuss this with the HCP assessing your status and completing your forms. If you are missing immunizations it is recommended you have this addressed early enough to permit you enough time to complete a series. For example, a complete routine adult polio series will take a minimum of seven months to complete if no previous doses are documented.

Question 5: Do I need to provide documentation of other immunizations other than what is listed?
Answer: No. You only need to provide documentation of immunizations and test results that are requested on the Form. For example, you do not need to provide documentation of Bacillus Calmette–Guérin (BCG), monovalent hepatitis A, meningococcal, pneumococcal, or rabies vaccines as part of this process.

Question 6: Due to a medical condition I cannot receive a specific immunization or test. Do I need to mention the specific condition when I submit the Form?
Answer: If you are not able to meet the requirements for a medical or health condition it is necessary for the HCP completing the Form to provide specific details; either in Section C of the Form, or by attaching relevant information from a physician. In addition, you would need to complete the
Exceptions and Contraindications to Immunization and Testing Requirements, Self-Declaration Form (Appendix A), to acknowledge that you understand you may not be fully protected, and also that you may be subjected to additional precautions or restrictions during the proposed elective placement.

Question 7: I am infected with a chronic bloodborne pathogen. What do I need to do?
Answer: Students who have chronic infection with hepatitis B virus, human immunodeficiency virus (HIV), and/or hepatitis C virus must familiarize themselves with the policies of the medical schools where they wish to apply. In Canada, knowing one’s serological status with respect to HIV, hepatitis B and hepatitis C is an expectation of the medical profession, and if positive, must be reported to the appropriate authority. The appropriate authority, in some provinces may be independent of the medical school (e.g., the provincial regulatory authority). In other cases, the school will be that authority (see for example requirements for Queen’s University, McMaster University, and the University of Ottawa in Section J of the Form). All schools require reporting of chronic hepatitis B virus, as all students need to have hepatitis B surface antigen (HBsAg) test results documented by a HCP on the Form.

2. Tetanus, Diphtheria, Pertussis, Polio

Question 8: Why do I need a tetanus/diphtheria/acellular pertussis (Tdap) immunization if I received one previously in adolescence?
Answer: All adult health care workers should receive a single dose of tetanus diphtheria acellular pertussis (Tdap) vaccine for pertussis protection, if not previously received in adulthood (age 18 years or greater), even if the individual is not due for a tetanus/diphtheria booster. The adult dose is in addition to the routine adolescent Tdap booster.

Question 9: Do I need a polio booster dose?
Answer: No. All students require a complete primary polio immunization series documented. For the purposes of satisfying the requirements listed on the Form students who have a primary polio immunization series documented do not require an adult booster dose of polio vaccine.

3. Influenza

Question 10: Do I need to get an influenza immunization?
Answer: An up-to-date seasonal influenza immunization is required for electives occurring during November to June inclusive for the following medical schools: Dalhousie University, McMaster University, Memorial University, McGill University, Northern Ontario School of Medicine University, Queen’s University, University of Manitoba, University of Ottawa, University of Toronto, and Western University. The University of British Columbia requires either documented influenza or a mask be worn for electives November to June inclusive. All other medical schools highly recommend influenza vaccination as it is considered a standard of professional practice in Canada.
4. **Tuberculosis**

Question 11: I had a two-step tuberculin skin test (TST) to check for latent tuberculosis infection when I entered medical school. Do I need a repeat two-step TST?

**Answer:** Once a two-step TST has been properly administered and documented it does not need to be repeated; all future TSTs can be single TSTs.

Question 11b: I had one or more tuberculin skin tests to check for latent tuberculosis infection when I entered medical school. Do I need a repeat TST now for electives?

**Answer:** Typically, students do not need a repeat TST for the purposes of satisfying elective requirements. However, there are two exceptions to this:

- **University of Ottawa:** If the most recent TST was given over 12 months prior to the elective start date, a single TST will be required for students without contraindications attending an elective at the University of Ottawa. The TST does not need to be submitted until the elective is officially approved.

- **Western University:** If a student answers “Yes” to any of the two TB exposure questions found in Section F: Tuberculosis (TB) of the AFMC Form, Western University requires a repeat TST for students without contraindications. The TST must be performed eight or more weeks after the last known possible contact with infectious TB disease (e.g., return from an international elective). The TST must be submitted with the application, submitting this documentation cannot wait until the elective is officially approved.

For each of the above schools: Students with a documented contraindication to a TST do not need to have a repeat TST (e.g., previous positive TST).

Question 12: I had a positive tuberculin skin test (TST) a few years ago, and I had a chest X-ray right afterwards. Do I need a repeat chest X-ray?

**Answer:** Not necessarily. You would need to have a HCP document on the Form your positive TST and chest X-ray (attaching the chest X-ray report). You will also need to complete and submit the *Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form (Appendix B)* (to be completed by the student). If abnormalities are noted on the chest X-ray or in your symptom review then a repeat chest X-ray may be necessary, at the discretion of the HCP. Most students will not have any abnormalities noted, and therefore they would not require a repeat chest X-ray.

Question 13: I had a positive TST. Do I need to be treated for latent tuberculosis infection (LTBI)? Do I require an interferon gamma release assay (IGRA) test?

**Answer:** For the purpose of the Form treatment for LTBI and/or an IGRA test is not required. If either of these services were provided documentation of such does not need to be included with an application. Please see question #12 for more information on the requirements for a student with a positive TST.
5. Measles, Mumps, Rubella, Varicella

Question 14: I had two doses of measles vaccine documented, but then my measles serology (immunoglobulin G [IgG]) was tested and was negative. Do I need a third dose of measles vaccine?

Answer: Generally the answer is no, but discuss this situation with the HCP offering you services. For measles, mumps, rubella and varicella post-immunization serology is not necessary and should not be performed for the purposes of occupational health requirements. The HCP assessing you should ensure that the measles immunizations were properly documented and spaced (two doses given a minimum of four weeks apart, starting on or after the first birthday). The negative measles serology most likely represents a false negative and in most cases can be ignored.

Question 15: I had chickenpox as a child, and I am certain about this. Do I need to have serology tested for chickenpox (varicella)?

Answer: Yes. It is possible that a history of chickenpox infection is not accurate. A test for varicella antibodies (immunoglobulin G [IgG]) is necessary to verify that a student is indeed immune. If the test is positive, no further action is required for varicella. If the test is negative, a student will require two doses of varicella vaccine administered six or more weeks apart.

Question 16: I had a single dose of varicella vaccine as a child and I was informed this was a complete series. What do I need to do?

Answer: In the past a single dose of varicella vaccine provided to a child between ages 12 months and 12 years was considered a complete series. Canadian guidelines have changed and now recommend such individuals receive one more dose of varicella vaccine to complete a two-dose series. Varicella serology should not be tested before or after the second varicella immunization.

6. Hepatitis B

Question 17: What do I need to do if I do not have documentation of my hepatitis B immunizations, but I had serology showing immunity to hepatitis B?

Answer: Documentation of a hepatitis B immunization series is required for all students. Positive serology (hepatitis B surface antibody [anti-HBs]) alone will not be accepted if there is an incomplete or absent record of immunization (exception: students immune due to natural immunity, i.e., positive anti-HBs AND positive antibody to hepatitis B core antibody [anti-HBc], or students with chronic hepatitis B infection do not require immunizations documented). Students with an incomplete or undocumented hepatitis B series must proceed to obtain a hepatitis B immunization series; those who are part way through completion of the series must complete the Hepatitis B Not Immune, Self-Declaration Form (Appendix D) when submitting the Form.

Question 18: I already had positive antibodies to hepatitis B. Why do I need to be tested for hepatitis B surface antigen?

Answer: All health care workers should be tested for antibody to hepatitis B surface antigen (anti-HBs) to ensure immunity to hepatitis B. It is also a good idea to test for hepatitis B surface antigen (HBsAg), to determine which individuals may be chronic carriers of the hepatitis B virus; this has been made a requirement on the Form. It is possible that a chronic carrier of hepatitis B will be positive for both anti-HBs and HBsAg (this occurs in about 5% of chronic carriers). Testing for both anti-HBs and HBsAg will permit a student’s specific status to be determined. Some students who were not tested for HBsAg will need to have this test performed now. If a student previously had a test for anti-HBs and was positive...
(immune), the test for anti-HBs should not be repeated when testing for HBsAg occurs (false-negative anti-HBs results are possible in this situation and may lead to unnecessary booster doses).

7. Additional Information

Question 19: Who can I contact if I have additional questions or concerns about this area?
Answer: Questions about the Form, requirements, or processes to be followed can be referred to your home medical school, the school(s) to which you are applying, or the HCP completing the Form for you.