Student Name: _____

AFMC Student Portal Immunization and Testing Form (2024)

Completing this Form: Students can print this form, and have it completed by an appropriate health care professional (HCP), i.e., a nurse, physician, physician assistant, or pharmacist; the item(s) documented must be within the HCP's scope of practice. 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. Close family members and postgraduate residents must not complete the form. Submit the completed form and any attachments according to the instructions on the AFMC Student Portal for the school where the student is applying. If an appendix is not needed it does not need to be submitted with an application.

Guidelines Document: For additional details refer to the document *"AFMC Student Portal Immunization and Testing Guidelines"* (https://afmcstudentportal.ca/immunization).

Infections with Bloodborne Pathogens: Students who have 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.

Section A. Student Declaration

1. I understand that the personal health information provided in this form shall be kept confidential and will be used by the medical schools to which I apply only for the purposes of a visiting elective. The information provided will be used by the minimal number of individuals required at each medical school, as part of my visiting elective application process to ensure that I meet its health standards or the ones of the relevant health authorities or clinical sites.
2. I acknowledge that to the best of my knowledge the personal health information provided in this form is completely accurate.
3. I have not completed any part of this form myself, with the exceptions of this section and (if applicable) Appendices A, B, and D. An appropriate health care professional must complete all other sections and appendices.
4. I have read and understood the AFMC Disclaimer below:

   By giving this form to a health care professional and by uploading this form on the AFMC Student Portal, each student represents that he/she understands: (i) that immunization, testing and mask fitting requirements are requested of students by the medical schools – and not by AFMC – to meet their standards or the ones of health authorities or clinical sites to which a student may be placed for visiting electives; (ii) that AFMC is not responsible for establishing which tests are relevant, and for requesting, testing, or verifying of immunization and testing and mask fitting (or other) requirements; (iii) that AFMC is not involved in the selection of the health care professionals undertaking these tests and filling this form; (iv) that AFMC is not involved in the performance of these tests, their interpretation or the decisions taken based on them with respect to any visiting elective; (v) that even if AFMC has provided for functionalities allowing the upload of the form on the AFMC Student Portal, AFMC is in no way involved in the transmission of such form to the medical schools; and (vi) that any information available on the Portal about this form or the immunization requirements is rendered available for convenience only, was not drafted by AFMC and does not constitute an endorsement by AFMC of such information; accordingly, each student agrees and understands that AFMC shall in no way be liable for: (a) the scope of the information requested in this form and the changes made to the immunization requirements; (b) the performance of the tests, their interpretation, and the consequences they may cause, including the mental distress that may follow when any student is made aware of the results or the time and costs involved in completing such process; (c) the selection of health care professionals performing or interpreting these tests; (d) the transmission of the tests to the medical schools and the decisions taken by them following the receipt of the form; (e) the availability, accuracy and reliability of any information pertaining to the form or immunization requirements; and (f) any physical injury incurred by the student in connection with the tests or this form due to medical malpractice or otherwise. Finally, each student understands that AFMC is not responsible for any unauthorized access to this form which occurred via third parties' servers or while being in the possession of any other person, and that even if AFMC strives to ensure that the Portal is of good quality, merchantability and suitable for the provisions of AFMC's services, and configured to offer proper levels of security, stability, privacy, continuity and minimal services latency, such Portal – just as any other type of technology or system – is not infallible and fully sheltered from unforeseeable or force majeure events.

My signature below indicates that I have read, understood, and agree to the above four items.

Last name: _____ Given name(s): _____

Date of birth (yyyy-mm-dd): _____ Home medical school: _____

Year of admission to medical school: _____ Expected year of graduation: _____

Signature: _____ Date (yyyy-mm-dd): _____

☐ I have not completed any part of this form myself, with the exceptions of this section and (if applicable) Appendices A, B, and D.

Student Name: _____

Section B. Health Care Professional (HCP) Information

Every HCP who completes any part of this form must complete this section. HCP initials verify the HCP has either provided the service or the HCP has reviewed the student's adequately documented records; immunization documents based on estimated dates or verbal histories **must not** be counted. If more than three HCPs are involved with completing this form, print a second copy of page 2. The item(s) documented must be within the HCP's scope of practice. Dates are to be in the format "**yyyy-mm-dd**". **HCPs signing below acknowledge they are not signing a form a student has previously completed.**

HCP #1

Name: _____ Profession: _____ Initials:

Address: _____ Tel: _____ Fax: _____

Signature: _____ Date (yyyy-mm-dd): _____

HCP #2

Name: _____ Profession: _____ Initials:

Address: _____ Tel: _____ Fax: _____

Signature: _____ Date (yyyy-mm-dd): _____

HCP #3

Name: _____ Profession: _____ Initials:

Address: _____ Tel: _____ Fax: _____

Signature: _____ Date (yyyy-mm-dd): _____

Section C. Exceptions and Contraindications to Immunization and Testing Requirements

Is the student UNABLE to meet any of the requirements listed in this document due to a medical or health condition?

☐ No, a medical or health condition is not present.

☐ Yes, a medical or health condition is present; provide details below OR attach relevant information from a physician (for example: "unable to receive live vaccines due to current use of a biological agent"). Affected students also must complete the ***Exceptions and Contraindications to Immunization and Testing Requirements, Self-Declaration Form*** (**Appendix A**).

Details:

☐ Relevant information from a physician attached

Section D. Pertussis

Document a one-time pertussis vaccine (Tdap or Tdap-Polio) given at age **18 years or older** (required even if not due for a booster):

Date (yyyy-mm-dd)	Type of vaccine used*	Age received (must be 18 years or older)	HCP Initials

* The precise type of vaccine used must be known; if this information is no longer available, repeat the immunization. Typically, tetanus/diphtheria/acellular pertussis (Tdap) or tetanus/diphtheria/acellular pertussis/polio (Tdap-Polio) will be used.

Section E. 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**). Serology is not accepted for tetanus, diphtheria, and polio.

	Tetanus/diphtheria, Date (yyyy-mm-dd)	Polio, Date (yyyy-mm-dd)	HCP Initials
Last dose received:			
Previous dose:			
Previous dose:			

Student Name: _____

Section F. Tuberculosis (TB)

1. **TB History:** Does the student have ANY of the following: a previous history of a positive tuberculin skin test (TST); a clear history of blistering TST reaction; a positive interferon gamma release assay (IGRA) test; a previous diagnosis of TB disease or TB infection; a history of treatment for TB disease or infection?

   ☐ **Yes** – Document positive TST in #2 below, or for those with another positive TB history, attach records demonstrating the positive history. The student must complete and attach the ***Tuberculosis Awareness, and Signs and Symptoms Self- Declaration Form (Appendix B).*** The student should not have a repeat TST. Once the TB history has been documented in #2 below or by attaching records of the positive TB history, skip to #4.

   ☐ **No** – Documentation of a two-step TST is required. Go to #2.

2. **TST**: For students without a positive TB history, documentation of a two-step TST is required (two separate tests, ideally 7-28 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. Previous Bacillus Calmette–Guérin (BCG) vaccination is not a contraindication to having a TST. A TST can be given either before, the same day as, or at least 28 days after a live virus vaccine. With the exception of **University of Ottawa**, an IGRA test is acceptable for international students **when a TST is unavailable** (this is rare). Attach IGRA documentation showing results current within six months of medical school entry.

   Two-Step TST:

	Date Given* (yyyy-mm-dd)	Date Read* (yyyy-mm-dd)	Millimeters of Induration	Interpretation according to Canadian TB Standards[1]	HCP Initials
Step 1					
Step 2					

   * If only a single date is available (Date Given or Date Read) this is acceptable so long as appropriate spacing between TSTs and/or vaccines can be verified

   If the two-step TST was done more than six months prior to medical school entry the student needs to have a single TST performed. For a list of schools requiring a TST within 12 months of the elective start date please refer to https://afmcstudentportal.ca/Immunization.

   Most Recent TST: (not including TSTs documented above).

	Date Given* (yyyy-mm-dd)	Date Read* (yyyy-mm-dd)	Millimeters of Induration	Interpretation according to Canadian TB Standards[2]	HCP Initials
Recent TST					

   * If only a single date is available (Date Given or Date Read) this is acceptable so long as appropriate spacing between TSTs and/or vaccines can be verified

   Students found to have a positive TST also must complete and attach the ***Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form*** (**Appendix B**).

3. **TB exposures:** If "No" was reported in Question 1: Provide responses to the following two statements regarding the student's experiences since the last negative tuberculin skin test:

   ☐ Yes ☐ No The student has had an exposure to infectious TB disease that requires follow up testing, as identified by occupational health or public health

   ☐ Yes ☐ No The student has had one or more of the following (refer to link in footnote for TB burden of specific countries[3]):

   1 or more months of travel to TB incidence country ≥ 30/100,000 population with high-risk contact, such as direct patient contact in a hospital or indoor setting, work in prisons, homeless shelters, or refugee camps

   3 or more months of travel to TB incidence country >400/100,000 population

   6 or more months of travel to TB incidence country 200-399/100,000 population

   12 or more months of travel to TB incidence country 100-199/100,000 population

   If "Yes" applies to the student on one or both statements, the student must complete the ***Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form*** (**Appendix B**); a repeat TST is encouraged (required by **Western University**).

[1] Whether a particular TST measurement is considered positive or negative may depend on the client's exposures and risk factors. See Table 1 in the document "*AFMC Student Portal Immunization and Testing Guidelines*" for more information (https://afmcstudentportal.ca/immunization).

[2] Whether a particular TST measurement is considered positive or negative may depend on the client's exposures and risk factors. See Table 1 in the document "*AFMC Student Portal Immunization and Testing Guidelines*" for more information (https://afmcstudentportal.ca/immunization).

[3] For the TB burden of specific countries refer to https://www.who.int/tb/publications/global_report/gtbr2018_annex4.pdf?ua=1

Student Name: _____

Section F. Tuberculosis (TB)

4. Chest X-ray: If a student has a positive TST documented or any other positive TB history, the student must have a chest X-ray dated subsequent to the positive TST or other positive TB history. A routine repeat or recent chest X-ray is not required unless there is a medical indication (e.g., symptoms of possible TB disease).

Chest X-ray required?

☐ Yes

☐ No

Chest X-ray normal?

☐ Yes

☐ No – Attach the report (or letter from a TB physician specialist or TB clinic report describing the film)

If any abnormalities of the lung or pleura are noted on the chest X-ray, report documentation from a physician is required explaining the findings. Physicians may use the form ***Explanation of Radiographic Findings*** **(Appendix C)**, or else attach a letter.

Section G. Measles, Mumps, Rubella, and Varicella

General Requirements:

ONE of the following items is required as evidence of immunity to **measles**:

1. TWO doses of live measles-containing vaccine, given 28 or more days apart, with the first dose given on or after 12 months of age; OR
2. Positive serology for measles antibodies (IgG); OR
3. Laboratory evidence of measles infection.

ONE of the following items is required as evidence of immunity to **mumps**:

1. TWO doses of live mumps-containing vaccine, given 28 or more days apart, with the first dose given on or after 12 months of age; OR
2. Positive serology for mumps antibodies (IgG); OR
3. Laboratory evidence of mumps infection.

ONE of the following items is required as evidence of immunity to **rubella**:

1. ONE dose of live rubella-containing vaccine, given on or after 12 months of age; OR
2. Positive serology for rubella antibodies (IgG); OR
3. Laboratory evidence of rubella infection.

ONE of the following items is required as evidence of immunity to **varicella**:

1. TWO doses of live varicella-containing vaccine, given ideally a minimum of six weeks apart (absolute minimum 28 days apart), with the first dose given on or after 12 months of age; OR
2. Positive serology for varicella antibodies (IgG); OR
3. Laboratory evidence of varicella infection.

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

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.

Immunizations OR serology:

	Vaccine 1, Date (yyyy-mm-dd)	Vaccine 2, Date (yyyy-mm-dd)	**OR**	IgG Serology Test Date (yyyy-mm-dd)	Laboratory Result	Interpretation (Immune or nonimmune)	HCP Initials
Measles			**OR**				
Mumps			**OR**				
Rubella		**NOT REQUIRED**	**OR**				
Varicella			**OR**				

Laboratory Evidence of Infection: (Note: Having this evidence is uncommon). Submit the laboratory report with this form if a student has laboratory evidence of actual infection (e.g., isolation of virus; detection of deoxyribonucleic acid or ribonucleic acid; seroconversion) to measles, mumps, rubella, or varicella. This evidence will meet the requirements of immunity for the item.

☐ Laboratory evidence of infection attached.

Student Name: _____

Section H. Hepatitis B

Immunizations: Documentation of a hepatitis B immunization series **is required for all students**. Positive serology (anti-HBs) 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 anti-HBc, or students with hepatitis B infection do not require immunizations documented). Students with an incomplete or undocumented series must have a series completed and documented on this form. Students who are in the process of completing a series must complete the ***Hepatitis B Not Immune, Self-Declaration Form*** (**Appendix D**)

	Date (yyyy-mm-dd)	Type of vaccine used *	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: Both anti-HBs (hepatitis B surface antibody) and HBsAg (hepatitis B surface antigen) are required.

Anti-HBs (test for immunity: For students who have immunity, only one positive anti-HBs result is required, which must be dated 28 or more days after the immunization series is completed. Repeat testing after this is not recommended. For students who are vaccine non-responders (i.e., student has received two complete, documented hepatitis B immunization series and post-immunization serology 1-6 months after the final dose has not demonstrated immunity), generally no further hepatitis B immunizations or serological testing are required; such student must complete the ***Hepatitis B Not Immune, Self-Declaration Form*** (**Appendix D**). For an approach to students with negative anti-HBs refer to the *AFMC Student Portal Immunization and Testing Guidelines.*

HBsAg (test for infection): Required for **all students**, including those who are believed to be immune to hepatitis B. Test must be conducted after the primary hepatitis B immunization series, OR if hepatitis B primary immunization series is still in process, test must be dated on or after medical school admission. Wait until 28 days after a hepatitis B immunization to avoid the possibility of a false-positive HBsAg result. Once the primary immunization series has been completed, repeat testing for HBsAg may be omitted from any additional testing conducted at the discretion of the HCP.

Both tests required for all students:	Date (yyyy-mm-dd)	Laboratory result	Interpretation	HCP Initials
anti-HBs (antibody)			☐ Immune ☐ Non-immune	
HBsAg (antigen)			☐ Infection ☐ No infection	

Students who are **HBsAg positive** (i.e., presence of hepatitis B infection) must familiarize themselves with the policies of the medical schools where they wish to apply.

Section I. Influenza

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 Saskatchewan, University of Toronto,** and **Western University.** The **University of British Columbia** requires either a documented influenza immunization or a mask be worn for electives November to June inclusive. All other universities highly recommend influenza immunization.

Proof of vaccination must be provided to applicable schools.

If vaccine is not currently available, document the immunization once vaccine becomes available (typically mid-October) and resubmit this updated form to applicable schools. Students applying to **McMaster University** do not need to resubmit this form; provide documentation of the current seasonal influenza immunization directly to the McMaster placement site.

Section J. Human Immunodeficiency Virus and Hepatitis C

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 via the school's AFMC Student Portal. Test results do not need to be shared with other medical schools. See specific details at each school's Student Portal page.

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

Appendix A: Exceptions and Contraindications to Immunizations and Testing, Self-Declaration Form

Student Name: _____

Note: If an appendix is not needed it does not need to be submitted with an application.

This box is to be completed by the student:

This section applies only to students who are UNABLE to meet any of the requirements listed in this document due to a medical or health condition (not including a contraindication to tuberculin skin testing).

My signature below indicates the following:

- I acknowledge that I may be inadequately protected against the following infectious disease(s):

  _____

- I acknowledge that in the event of a possible exposure, passive immunization or chemoprophylaxis may be offered to me for the infectious disease(s) listed above (if appropriate).
- I acknowledge that in the event of an outbreak of (one or more of) the infectious disease(s) listed above, I may be excluded from clinical duties for the duration of the outbreak.
- I acknowledge that I might be required to take additional precautions to prevent transmission such as wearing a surgical mask.

_____
Student Name

_____
Signature

_____
Date (yyyy-mm-dd)

Student Name: _____

Appendix B: Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form

Note: If an appendix is not needed it does not need to be submitted with an application.

This box is to be completed by the student:

This section applies only to students with ONE OR MORE of the following:

- A positive tuberculin skin test (TST);
  AND/OR
- A positive interferon gamma release assay (IGRA) blood test
  AND/OR
- Previous diagnosis and/or treatment for tuberculosis (TB) disease
  AND/OR
- Previous diagnosis and/or treatment for TB infection
  AND/OR
- Students who may have had a significant exposure to infectious TB disease (defined in Section F)

I acknowledge the following:

(1) Sometimes an individual with TB infection may progress to active (infectious) TB disease. I acknowledge that this can happen even for individuals who have normal chest X-rays, and for those who were successfully treated for active TB disease or latent tuberculosis infection in the past.

(2) Possible TB disease includes one or more of the following persistent signs and symptoms:

- Cough lasting three or more weeks
- Hemoptysis (coughing up blood)
- Shortness of breath
- Chest pain
- Fever
- Chills
- Night sweats.
- Unexplained or involuntary weight loss

(3) I have a professional duty to obtain a prompt assessment from a clinician if I develop signs and symptoms of possible TB disease.

Do you have any of the symptoms in the above list?

☐ **No** I do not have any of the above symptoms at the present time

☐ **Yes** I have the following symptoms (also attach correspondence from a clinician explaining the symptoms):

_____

_____

_____
Student Name

_____
Signature

_____
Date (yyyy-mm-dd)

Student Name: _____

Appendix C: Explanation of Radiographic Findings

Note: If an appendix is not needed it does not need to be submitted with an application.

This form must be completed by a physician who has assessed a student with **abnormalities of the lung or pleura** noted on a chest X-ray report, with the chest X-ray report attached (alternatively it is acceptable to attach a letter or form from a physician, tuberculosis clinic, or other specialized clinic covering the following items).

☐ Chest X-ray report attached

Name of student: _____

Reason chest X-ray was obtained: _____

_____

_____

Explanation for abnormal findings: _____

_____

_____

Given the abnormal findings, does the student pose a risk to others by participating in clinical duties?

_____

_____

_____

Physician name: _____

Address: _____ Tel: _____

Signature: _____ Date (yyyy-mm-dd): _____

Student Name: _____

Appendix D: Hepatitis B Non-Immune Self-Declaration Form

Note: If an appendix is not needed it does not need to be submitted with an application.

This box is to be completed by the student:

This section applies only to students who either:

- are still in the process of completing a **documented** hepatitis B immunization series

  OR

- have received two complete, **documented** hepatitis B immunization series, and postimmunization serology has not demonstrated immunity (i.e., anti-HBs remains less than 10 IU/L)[1].

This appendix is not to be used to omit any required hepatitis B immunizations; students with an incomplete or undocumented series are to complete this appendix, but still must have a series completed and documented on page 5 of this form.

An approach to negative anti-HBs results is described in the *AFMC Student Portal Immunization and Testing Guidelines*.

For a student who has failed to respond to two immunization series, it is important to ensure (1) that each immunization series was documented, all doses were provided, and that minimal spacing between doses were respected; and (2) that post-immunization serology was conducted **between 28 days and six months** after the final dose of the series to be considered reliable. For such students generally no further pre-exposure hepatitis B immunizations or serological testing are required.

My signature below indicates the following:

- I acknowledge that there is no laboratory evidence that I am immune to hepatitis B.

- I acknowledge that in the event of a possible exposure to hepatitis B (e.g., a percutaneous injury, human bite, or mucosal splash) I need to report the injury to my supervisor as soon after the incidence as possible as I may need passive immunization with hepatitis B immune globulin (efficacy decreases significantly if given more than 48 hours after the exposure).

_____
Student Name

_____
Signature

_____
Date (yyyy-mm-dd)

[1] Dalhousie University uses an anti-HBs titre threshold of 12 IU/L as indicative of hepatitis B immunity.