# SENECA POLYTECHNIC FIELD PLACEMENT MEDICAL CLEARANCE FORM OFFICE ADMINISTRATION—HEALTH SERVICES PROGRAM

In order to fulfill the terms and conditions of your field placement offer, the following information must be provided to placement employers on your start date. If you require updated screening and/or vaccines, this can take time. **Do not leave the completion of this form to the spring semester.** Retain a photocopy for your records.

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**INSTRUCTIONS:** Take the information sheet and this form to the Seneca Health Centre (Newnham Campus) or to your physician to complete in full and sign. Relatives are not permitted to complete and sign this record. Once completed, provide a photocopy (and send a copy via email) to your Field Placement Coordinator (Patricia Sheppard) and Field Placement Assistant (Derek Kan) (Room DB1021 at the Seneca@York Campus); keep the original to take to your placement employer. KEEP A PHOTOCOPY FOR YOURSELF. Incomplete forms and late submissions will delay your start date. Any costs associated with the completion of this form are **your responsibility**.

| PERSONAL INFORMATION | | | |
|---|---|---|---|
| | LAST NAME: | FIRST NAME: | MIDDLE INITIAL: |
| | HOME PHONE:<br>CELL PHONE: | EMAIL: | DATE OF BIRTH: |
| | JOB TITLE:<br>**VOLUNTEER, FIELD PLACMENT, OFFICE ADMINISTRATION—HEALTH SERVICES** | FIELD PLACEMENT EMPLOYER: | SUPERVISOR: |

| TUBERCULOSIS SCREENING (2-step is required) | | | | | |
|---|---|---|---|---|---|
| | If 1st test is NEGATIVE: 2nd step must be given 7 to 21 days after 1st test in opposite arm. | | | | |
| | 1st step: | Date planted: | Date read: | Result (+ or -) | Induration (mm) |
| | 2nd step: | Date planted: | Date read: | Result (+ or -) | Induration (mm) |
| | If the above NEGATIVE 2-Step TB Test was NOT completed within the last 12 months, the results of a 1-Step TB Test must be documented below: | | | | |
| | 1st step: | Date planted: | Date read: | Result (+ or -) | Induration (mm) |
| | If 1st or 2nd test is POSITIVE (i.e. greater than 10mm induration): Chest x-ray is required. X-ray must have been completed within the last year. | | | | |
| | X-ray: | Date: | Result: | | |

| **ALLERGIES:** | | |
|---|---|---|
| **INFLUENZA VACCINE:** | Highly recommended each year | Year of most recent vaccine: |

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| IMMUNIZATION STATUS | | | | |
|---|---|---|---|---|
| | **Hepatitis B:** | Laboratory evidence of immunity (antibody titre must be provided if vaccinated), **OR** | Date of test 1: ____________<br>Date of Test 2: ____________<br>Date of Test 3: ____________ | Result:<br>☐ Immune ☐ Not Immune |
| | | Vaccination is highly recommended for Student who may have exposure to human blood and body fluids | Received vaccine?<br>☐ Yes ☐ No | If yes, year series was completed:<br>____________<br>Lab evidence of immunity post series?<br>☐ Yes ☐ No ☐ Not tested |
| | **Tetanus/ Diphtheria/ Pertussis:** | Tdap is recommended for all adults | ☐ Tdap Date: ____________<br>If never received Tdap<br>☐ Td Year of most recent booster: ____________ | |
| | **COVID** | Must have two vaccines plus all booster shots available | ☐ Vaccine 1 Date: ____________<br>☐ Vaccine 2 Date: ____________<br>☐ Booster 1 Date: ____________<br>☐ Booster 2 (when available) Date: ____________ | |

| PROOF OF IMMUNITY | | | | |
|---|---|---|---|---|
| | **Measles:** | Laboratory evidence of immunity (titres), **OR** | Date of test: | Result:<br>☐ Immune ☐ Not Immune |
| | | 1 MMR after 1st birthday plus an additional measles booster <u>or</u> a 2nd MMR | Date of 1st MMR: | *(Please check one)*<br>☐ Measles booster Date:<br>☐ 2nd MMR Date: |
| | **Mumps:** | Laboratory evidence of immunity (titres), **OR** | Date of test: | Result:<br>☐ Immune ☐ Not Immune |
| | | 1 MMR after 1st birthday plus an additional mumps booster <u>or</u> a 2nd MMR | Date of 1st MMR: | *(Please check one)*<br>☐ Mumps booster Date:<br>☐ 2nd MMR Date: |
| | **Rubella:** | Laboratory evidence of immunity (titres), **OR** | Date of test: | Result:<br>☐ Immune ☐ Not Immune |
| | | 1 MMR after 1st birthday | Date of MMR: | |
| | **Varicella:** | Laboratory evidence of immunity (titres), **OR** | Date of test: | Result:<br>☐ Immune ☐ Not Immune |
| | | Varicella vaccine (2 doses required), **OR** | Date of 1st dose: | Date of 2nd dose: |
| | | History of disease (chickenpox or shingles) | History?<br>☐ Yes ☐ No | Year: |

**PHYSICIAN SECTION**

☐ This student is medically cleared (completely)

☐ This student is expected to be medically cleared (completely) on ______________________
Date

_____________________________________________ ______________________
Physician Name (please print) Date

Address:

_____________________________________________ ______________________
Physician Signature

**STUDENT SECTION**

I, ______________________ agree to release the above information to my placement employer ______________________. I understand that my manager will be informed of my compliance status (compliant/non-compliant) in relation to the mandatory requirements of the field placement program at Seneca Polytechnic, School of Legal, Public, and Office Administration.

_____________________________________________ ______________________
Student Name (please print) Date

_____________________________________________
Student Signature