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.

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, upload a photocopy to Blackboard; 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: CELL PHONE:	EMAIL:	DATE OF BIRTH:	
JOB TITLE: **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:

(CONTINUED ON NEXT PAGE)

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

PROOF OF IMMUNITY	**Measles:**	Laboratory evidence of immunity (titres), **OR**	Date of test:	Result: ☐ Immune ☐ Not Immune
		1 MMR after 1st birthday plus an additional measles booster or a 2nd MMR	Date of 1st MMR:	*(Please check one)* ☐ Measles booster Date: ☐ 2nd MMR Date:
	Mumps:	Laboratory evidence of immunity (titres), **OR**	Date of test:	Result: ☐ Immune ☐ Not Immune
		1 MMR after 1st birthday plus an additional mumps booster or a 2nd MMR	Date of 1st MMR:	*(Please check one)* ☐ Mumps booster Date: ☐ 2nd MMR Date:
	Rubella:	Laboratory evidence of immunity (titres), **OR**	Date of test:	Result: ☐ Immune ☐ Not Immune
		1 MMR after 1st birthday	Date of MMR:	
	Varicella:	Laboratory evidence of immunity (titres), **OR**	Date of test:	Result: ☐ Immune ☐ Not Immune
		Varicella vaccine (2 doses required), **OR**	Date of 1st dose:	Date of 2nd dose:
		History of disease (chickenpox or shingles)	History? ☐ 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