

Medical Information Release Form

The attached document must be completed and is required to be on file for the student listed below as per the regulation of the Child Care and Early Years Act, 2014.

The personal information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O.1980. C.272. Section 5; R.R.O. 1990. Reg. 770 and the Child Care and Early Years Act, 2014. Revised Statutes of Ontario Regulation 137/15, Section 57. Subsection 1. This information will be used for administration purposes within the Colleges and/or by the Ministry of Training, Colleges and Universities as required by the Child Care and Early Years Act, 2014.

I have read this document and understand its intent. I therefore authorize the release of all medical information to Seneca College and the Ministry of Training, Colleges and Universities.

Student Name (Print): _____

Student Number: _____

Student Phone Number: _____

Student Seneca Email: _____

Campus: _____

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____

This form must be completed by student's physician and then assessed by Concise Health Solutions. Students are required to present valid documents to their field placement every term.

It is the student's responsibility to keep their medicals update.

MEDICAL FORM

To Be Completed by a Physician

Seneca School of Early Childhood Education requires that all students commencing field placement will have an up to date record of immunization which includes TB testing.

International Students: If the Two-Step Mantoux test is not available in the student's country they will need to have the test done in upon arrival. **The two step TB testing process takes a *minimum* of two weeks to complete and can be done at the Seneca College Health Centre or through advisement of Concise Health Solutions.**

TO BE COMPLETED BY PHYSICIAN				
Name of Student		Student Number		Date of Birth (Y/M/D)
Mantoux Skin Test	Date given Year/Month/Day	Date Read 48 - 72 h from testing	Induration	
Baseline 2 Step Mantoux Step 1				
Step 2 Within 7 days - 1 year of Step 1				
Step 1 Required Annually				
Step 1 Required Annually				
If TB positive			Date & Result	
Chest X-Ray Every 2 years				
Chest X-Ray Every 2 years				
Doctor's Note Annually If TB positive			Signature	Date
Student is free from signs and symptoms of active tuberculosis				
Student is free from signs and symptoms of active tuberculosis				
Immunization	Dose 1 Date given	Dose 2 Date given	Booster dose Date given	Immune Yes/No/Indeterminate
MMR Measles, Mumps, Rubella				
Varicella Chicken Pox				
Immunization	Date Primary Series Completed		Date of Last Booster	
Polio				

Immunization	1st vaccination date	2nd vaccination date within 1 month of 1st	3rd vaccination date 5 months after 2nd dose
Hepatitis B 1st series			
Hepatitis B 2nd series Repeat if not immune			
Immunity	Yes	No	Indeterminate
Hepatitis B			
Repeat Titres 1-6 months after last			
Immunization	Date of last Immunization	Booster Due every 10 years	
TDP Tetanus/Diphtheria/Pertusis			
Immunization	Date Received		
Influenza Vaccination			
Influenza Vaccination			
Physicians Stamp			
Physician Name	Telephone No.	Date of Completion	Signature