

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 Polytechnic 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 Synergy Gateway Verified. 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	Date	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		