



# UNIVERSITY OF TORONTO FACULTY OF MEDICINE

## REHABILITATION SCIENCES

### INSTRUCTIONS ON COMPLETING HEALTH FORMS

Documentary proof of current immunization against specific diseases must be provided to the Fieldwork Office by **Registration Day**. Please read the below information and instructions on health form requirements and completion below. **It is strongly recommended that you bring this information with you when visiting your physician.**

The Health Form is collected by the Departmental Office in order for the University to establish that each student has fulfilled the University's requirements as well as the standards set forward by the Public Hospitals Act, Section 4.2, Ontario Regulation. The facilities rely on us to maintain these records and ensure student compliance with these standards. The forms are not collected for the purposes of storing for student use. **Please remember to make a copy of your completed health form and supporting documentation BEFORE it is submitted to the Office**, as you will be required to provide it to placement sites multiple times throughout the program. **There is an administrative fee for obtaining a copy of the record once it has been submitted to the University<sup>1</sup>.**

Failure to fulfill any of the immunization requirements could result in the student being suspended from participating in clinical placements.

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#### CONTACT INFORMATION

*Requirements:*

- 1) All personal information (name, date of birth, telephone, etc.) requested on the form.

#### SPECIAL CONSIDERATIONS

*Requirements:*

- 1) A brief summary by the student of any difficulties (medical, psychological, learning) which may affect the student's education in the program or in a fieldwork setting. This information will be kept strictly confidential by the Departmental Office and Student Services. The university may request further information from the student.

#### MANTOUX TUBERCULIN TEST

*Requirements:*

- 1) Date and result of step 1 of the two-step test.
- 2) Date and result of step 2 of the two-step test.

A two-step Mantoux TB test within one year prior to registration is required. The date and result of both steps must be completed by the physician/nurse.

A one-step Mantoux test within one year prior to registration is **ONLY ACCEPTABLE IF** a two-step test was done more than one year but within two years prior to registration. The date and result of both steps of the prior two-step test as well as the date and result of the one-step test must be completed by the physician/nurse.

**You must have the 2-step Mantoux regardless of your BCG vaccination history (unless you have previously documented positive TB skin test results).** BCG vaccination is a very controversial subject. The effectiveness of BCG vaccination varies and any protective effects of BCG vaccination wear off with time. The use of BCG vaccination has not been in practice since the 1970's in Canada.

#### What is a Two-Step Mantoux Test?

Some people with latent TB or past infection may have a negative reaction years after the infection. The initial skin test may stimulate or "boost" the body's ability to react to tuberculin causing subsequent tests to be misinterpreted as a new infection. Two-step testing reduces the likelihood that a boosted reaction is later interpreted as a new infection.

**Step 1:** A standard dose of tuberculin is injected into the skin. The result is read at your return to the doctor 48 – 72 hours later. If this first test is positive, a chest x-ray is required.

**Step 2:** If the first test is negative, a second test is performed 1 – 3 weeks after the first injection. The result is read at your return to the doctor 48 – 72 hours later. A positive second test indicates past TB infection and a chest x-ray is required.

10 mm or above in duration will be considered as positive.

A chest x-ray is required (to determine whether the infection is active) **only** if there is a positive TB test result. The date and result of the chest x-ray must be completed by the physician/nurse.

**You cannot provide chest x-ray results as an alternative to TB skin test results.** TB skin testing is used to detect latent TB infection, and the chest x-ray is effective in detecting active TB disease. Therefore, you should have the 2-step Mantoux, and if it is positive, provide the chest x-ray results.

Students who test positive for latent or active infection must contact University of Toronto Health Services for counseling on treatment before they can continue classes.

## HEPATITIS B

### *Requirements:*

- 1) Date of injection 1 (**MINIMUM** requirement by registration)
  - 2) Date of injection 2 (according to schedule)
  - 3) Date of injection 3 (according to schedule)
  - 4) Immunity test results (according to schedule) within 10 years of registration
- OR
- 1) Immunity test results within 10 years of registration if childhood records of vaccination are not available.

The Hepatitis B vaccination and/or immunity test results within 10 years of registration are required. For students who have never received the full set of injections, at least the initial injection is required by registration, subsequent injections are required according to the vaccination schedule. The dates of each of the three injections of the vaccination and the results of the immunity test OR the results of the immunity test alone (**only** if primary vaccination dates are unavailable) must be completed by the physician/nurse.

### **What is Involved in the Hepatitis B vaccination?**

The Hepatitis B vaccination is a series of 3 injections as well as an antibody test to confirm immunity. In Canada, the vaccination is usually administered during childhood. The schedule for the 3 injections and immunity test is typically is as follows:

- 1<sup>st</sup> injection
- 2<sup>nd</sup> injection – 1 month after the 1<sup>st</sup> injection
- 3<sup>rd</sup> injection – 5 months after the 2<sup>nd</sup> injection
- Immunity test – 1 to 6 months after the 3<sup>rd</sup> injection

In the event that a student's current physician does not have access to childhood records, results of a recent (within 10 years prior to registration) immunity test alone are acceptable.

Students who were not vaccinated during childhood must have at least the initial injection by registration, and provide documentation to the fieldwork office from their physician/nurse according to the schedule above.

Students who are non-immune must be screened for surface antigen (HBsAg) to determine if the virus is present. If the HBsAg result is negative, the student must undergo re-vaccination. If the HBsAg result is positive, further testing for e-antigen (HBeAg) is required to determine if the virus is active and the student is infectious or a carrier of the virus.

Students who are HBsAg or HBeAg positive must consult with the Fieldwork Coordinators to determine how their medical status will impact fieldwork placements.

## MEASLES, MUMPS, RUBELLA AND CHICKEN POX

### *Requirements*

- 1) *Measles, Mumps, Rubella:* Results of immunity test/titre
  - 2) *Chicken Pox:* Results of immunity test or date of childhood infection
- OR
- 1) Dates of vaccination

Vaccination against measles, mumps and rubella is required. The dates of vaccination (usually done during childhood) OR the titre results showing immunity must be completed by the physician/nurse.

Vaccination or date of childhood infection for chicken pox is also required. The dates of vaccination or childhood infection OR the titre results showing immunity must be completed by the physician/nurse.

## DIPHTHERIA / TETANUS AND POLIO

### Requirements

1) Date of last primary vaccination or last booster injection, within 10 years of registration.

Vaccination against diphtheria, tetanus and polio is required. The date of the primary vaccination or the last booster injection, within ten years prior to registration, must be completed by the physician/nurse.

#### Do I need to have a polio booster?

The primary series of vaccinations for Polio is usually administered during childhood. Among the general population in Canada, adults are not routinely given the booster shot. HOWEVER, during fieldwork placements students will be working in health care facilities which may put them at risk of coming into contact with patients who may be carrying the polio germ. For this reason, a booster shot is required within the last 10 years.

## INFLUENZA RECORD

The Influenza vaccine is recommended in both years of the program. The Influenza vaccine is mandatory at some institutions; therefore, if you do not receive the vaccination, you may be denied access to the clinical site.

## ACELLULAR PERTUSSIS

**REQUIREMENTS** (A single dose of Acellular Pertussis in the form of a Tdap (Adacel vaccine) if not previously received as an adult or adolescent, in place of one Td booster.)

## INTERNATIONAL PLACEMENTS

**Rehabilitation Science Students undertaking International Clinical Placements will require additional assessment and a travel medicine consultation should take place at least eight weeks before the placement. Additional Immunizations may be necessary depending on the location of the placement.**

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Completed health form must be returned to the Departmental Clinical Education Assistant in person at 500 University Ave. or by mail to:

Department of Occupational Science and Therapy, OR  
Department of Physical Therapy, OR  
Department of Speech-Language Pathology

**Rehabilitation Sciences Building  
University of Toronto  
160 – 500 University Ave.  
Toronto, ON M5G 1V6**

#### DEPARTMENT CONTACTS – for questions or additional information

Occ. Sci. & Occ. Therapy	<a href="mailto:ot.clined@utoronto.ca">ot.clined@utoronto.ca</a>	416-978-8234
Physical Therapy	<a href="mailto:ptclined@utoronto.a">ptclined@utoronto.a</a>	416-946-3793
Speech-Language Pathology	<a href="mailto:speech.clinic@utoronto.ca">speech.clinic@utoronto.ca</a>	416-978-6882



**UNIVERSITY OF TORONTO  
FACULTY OF MEDICINE**

**INSTRUCTIONS ON CPR CERTIFICATION**

Students are required to provide a copy of a valid certificate in CPR at the Basic Rescuer (C) level by **Registration Day**. This level includes one-person and two-person CPR with infants, children and adults. No other level is acceptable. Certification which expires at any point during the program requires recertification prior to expiry date. A copy of this certificate may also be required by individual fieldwork facilities.

Certification in First Aid is also strongly recommended. This certification may be useful during fieldwork placements. The student is responsible for the expense of these courses.

**Where can I get CPR certification?**

The department accepts CPR certification from most agencies in Canada. Some of the most popular courses among our students are run by the following agencies:

The Canadian Red Cross  
<http://www.redcross.ca/>

Heart and Stroke Foundation  
<http://ww2.heartandstroke.ca/>

Lifesaving Society  
<http://www.lifesaving.ca/>

St. John's Ambulance  
<http://www.sja.ca/>

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Copy of CPR certificate must be returned to the Departmental Clinical Education Assistant in person at 500 University Ave. or by mail to:

Department of Occupational Science and Therapy, 9<sup>th</sup> floor OR  
Department of Physical Therapy, 8<sup>th</sup> floor OR  
Department of Speech-Language Pathology, 10<sup>th</sup> floor

**Rehabilitation Sciences Building  
University of Toronto  
160 – 500 University Ave.  
Toronto, ON M5G 1V6**

<b>DEPARTMENT CONTACTS – for questions or additional information</b>		
Occ. Sci. & Occ. Therapy	<a href="mailto:ot.clined@utoronto.ca">ot.clined@utoronto.ca</a>	416-978-8234
Physical Therapy	<a href="mailto:ptclined@utoronto.a">ptclined@utoronto.a</a>	416-946-3793
Speech-Language Pathology	<a href="mailto:speech.clinic@utoronto.ca">speech.clinic@utoronto.ca</a>	416-978-6882



**UNIVERSITY OF TORONTO**  
**FACULTY OF MEDICINE**

**REHABILITATION SCIENCES HEALTH FORM Year 1**

**Department:** OS&OT  PT  SLP

**IMPORTANT NOTE:** *Please keep copies of this form* once completed as you will be required to provide it to clinical facilities on request during clinical placements. Once submitted to the department, there is an administrative fee for copies of this record.

This form and the immunization record on page 2 must be completed and submitted to the Departmental Office by **Registration Day**. Please see the attached “**Instructions on Completing Health Forms**” for detailed information on requirements. We encourage students to bring these instructions with them to their physician/nurse in case they require clarification. Students are **required** to be immunized against the diseases listed on page 2 of this form before they enter a clinical setting. These requirements must be fulfilled in order to meet the Health Standards set forth in the Public Hospitals Act, Section 4.2, Ontario Regulation 518/88.

**Contact Information:** To be completed by the student:

Name:		Student Number:	
Date of Birth:		Year of Graduation:	
Address:			
Telephone:		Email Address:	
Ontario Health Card Number:		Out of Province Insurance (Name of Provider):	
Next of Kin for Emergency:		Relationship:	
Address:			
Home Telephone:	Home Email:	Work Telephone:	Work Email:

**Special Considerations**

Are there any difficulties (physical, psychological, learning) which may affect your education as a Rehabilitation Science student in the classroom or the clinical education setting? Please describe so that we can work together to plan strategies to enhance your learning:

**Allergies**

Do you have any allergies? If yes, please list and state how they are managed.

**I give my consent that the information on this form may be shared with university/hospital/teaching/administrative staff and clinical placement facilities upon request in appropriate cases.**

Date:	Signature of Student
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For inquiries, please contact:

Occ. Sci. & Occ. Therapy	<a href="mailto:ot.clined@utoronto.ca">ot.clined@utoronto.ca</a>	416-978-8234
Physical Therapy	<a href="mailto:ptclined@utoronto.a">ptclined@utoronto.a</a>	416-946-3793
Speech-Language Pathology	<a href="mailto:speech.clinic@utoronto.ca">speech.clinic@utoronto.ca</a>	416-978-6882



UNIVERSITY OF TORONTO  
FACULTY OF MEDICINE

REHABILITATION SCIENCES IMMUNIZATION RECORD Year 1

Department: OSOT  PT  SLP

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
LAST FIRST

**TO THE PHYSICIAN: Students are required to be immunized against the following diseases before they enter the clinical setting. These requirements must be fulfilled in order to meet Health Standards set forth in the Public Hospitals Act, Section 4.2, Ontario Regulation 518/88.**

**PLEASE COMPLETE ALL SECTIONS BEFORE RETURNING THE FORM:**

**TUBERCULIN TEST:** Incoming students in the first year of the program must have a **two-step** Mantoux skin test **after June 1 and by Registration Day with the exception of those who meet the criteria described below.**

Test 1 Test 2

Date: \_\_\_\_\_

Result: \_\_\_\_\_

Reminder: for year 1 students, a one-step Mantoux test after June 1 and prior to registration is **ONLY ACCEPTABLE IF** a two-step test was done more than one year but within two years prior to registration. The date and result of both steps of the prior two-step test as well as the date and result of the one-step test must be completed by the physician/nurse. Year 2 students require only a one-step test.

**CHEST X-RAY:** Required within the current calendar year if new TB test result is positive. For students who have previously tested positive for TB, if your last skin test results were positive and the chest x-ray was normal, a note from your doctor stating such is required. Chest x-rays are not required with each subsequent TB test.

X-Ray Date: \_\_\_\_\_

**Students who have a chest x-ray compatible with old or active TB, or are anti-Hb<sub>s</sub> negative after vaccination, must meet with the Director or Academic Coordinator of Clinical Education, before continuing in the program.**

Result: \_\_\_\_\_

**Students who, after immunization, are anti-HB<sub>s</sub> negative will be counseled and tested for HB-Ag.**

**IMMUNIZATION Please check (✓).**

HEPATITIS B [ ] Immunization Date 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
[ ] Screening [ ] Yes [ ] No Result \_\_\_\_\_  
[ ] Known History [ ] Yes [ ] No Date \_\_\_\_\_

MEASLES [ ] Immunization Date \_\_\_\_\_  
[ ] Laboratory evidence of immunity Date \_\_\_\_\_  
[ ] No evidence of immunity Vaccination Date: \_\_\_\_\_

MUMPS [ ] Immunization Date \_\_\_\_\_  
[ ] Laboratory evidence of immunity Date \_\_\_\_\_  
[ ] No evidence of immunity Vaccination Date: \_\_\_\_\_

RUBELLA [ ] Immunization Date \_\_\_\_\_  
[ ] Laboratory evidence of immunity Date \_\_\_\_\_  
[ ] No evidence of immunity Vaccination Date: \_\_\_\_\_

CHICKEN POX [ ] Known History  
[ ] Laboratory evidence of immunity Date \_\_\_\_\_  
[ ] No evidence of immunity

DIPHTHERIA/TETANUS Date of Most Recent Booster \_\_\_\_\_

POLIO Date of Most Recent Booster \_\_\_\_\_

DIPHTHERIA / TETANUS AND POLIO BOOSTERS ARE REQUIRED EVERY TEN YEARS.

**ACELLULAR PERTUSSIS-** Some sites are now asking that students receive an Acellular pertussis vaccine due to an increase in the incidence of whooping cough. We ask that where possible you make every effort to get this vaccination but understand that in some cases it will not be possible depending on previous immunization history.

<b>ACELLULAR PERTUSSIS:</b> (A single dose of Acellular Pertussis in the form of a Tdap (Adacel vaccine) if not previously received as an adult or adolescent, in place of one Td booster.)
<b>Date Received:</b> _____

I, \_\_\_\_\_ (please print) certify that the above-named student has had the immunizations noted above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_, M.D.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**TO THE STUDENT: SCAN and KEEP A COPY of this form; Submit original to the Fieldwork/ Clinical Education Assistant Office upon completion.**

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**INFLUENZA RECORD**

The Influenza vaccine is recommended in both years of the program. The Influenza vaccine is mandatory at some institutions; therefore, if you do not receive the vaccination, you may be denied access to the clinical site.

**TO THE STUDENT: Once vaccination is completed in the fall/winter please submit a vaccination certificate attached to a copy of this form. This form can be signed in lieu of a certificate if there is none available where the shot is administered. Reminder: SCAN and KEEP A COPY of this form and return the form with original signature to the Fieldwork/Clinical Education Assistant Office**

INFLUENZA VACCINE: (TYPE)	Date:
ADMINISTERED BY: (print)	
SIGNATURE:	

**FOR OFFICE USE ONLY**

Date of Review \_\_\_\_\_ Signature \_\_\_\_\_