

## NOSM Learner Immunization Form

## **SECTION A: LEARNER AUTHORIZATION**

Learner Name (Please print)	Date of Birth (yyyy/mm/dd)	
and disclose my personal health information	cine (NOSM) to use information collected on this form to NOSM teaching and administrative staff, officials of related to my NOSM education, including but not limited to, nces, and electives as required.	
compliance with health review and screening Management Regulation made under the Publ	, and disclosing this personal health information is to ensure standards as required by section 4(2) of the Hospital ic Hospitals Act (Ontario), other related legislation and /Ontario Medical Association Joint Communicable Disease	
Learner Signature	Date (yyyy/mm/dd)	
<ul> <li>suspended from clinical training until proper do</li> <li>Learners are advised to retain a copy of this request this information.</li> <li>The information collected on this form shall be set out in the Public Hospitals Act and regulating are met so that learners may participate in clinical contents.</li> </ul>	s document for their personal records should a third party a used to ensure that health review and screening standards ions and other related legislation and organizational policies ical activities. Sclosure of your health information should be directed to	
The physician or nurse signing below indicates that the information listed on this form is an accurate account of the learner's immune status as of the date shown.		
Name of health care professional (please print)		
Email address	Telephone	
Signature	Date (yyyy/mm/dd)	
<ol> <li>All antibody titres requested herein must be cor</li> <li>It is not necessary to include copies of laborator</li> </ol>		

3. If more than one clinic/health centre is involved, please initial the section you completed and fill out Section

D on Page 5.

## SECTION C — LEARNER'S HEALTH INFORMATION

## A. TUBERCULOSIS

- 1. Pregnancy is NOT a contraindication for the performance of a Tuberculin skin test (TST).
- 2. Medical learners—whose TST status is unknown and those previously identified as tuberculin negative—require a baseline **two-step TST** with PPD5/TU **unless** they have:
  - a. documented results of a prior two-step TST, OR
  - b. documentation of a negative TST within the last 12 months, in which case a **single-step** TST may be given.
- 3. A baseline two-step TST is required once. All further TST's can be a single-step.
- 4. Interferon-y test results in place of a TST are acceptable, if available.

Past TST History				
Prior history of BCG vaccination	□No	Yes	Date (yyyy/mm/dd)	
Prior history of Positive TST	☐ No	Yes	Date (yyyy/mm/dd)	
Prior history of Chest X-ray	□No	Yes	Date (yyyy/mm/dd)	
Prior History of TB infection	□No	Yes	Date (yyyy/mm/dd)	
Treatment given	□No	Yes	Date started (yyyy/mm/dd)  Date finished (yyyy/mm/dd)	
If past history of two-step TST, indicate dates below.  Date of test #1 (yyyy/mm/dd) Results (mm of duration)  Date of test #2 (yyyy/mm/dd) Results (mm of duration)				
Most recent single-step TST (yyyy/mm/dd)Results (mm of induration)				
<ol> <li>If your most recent TST was over 12 months ago, a one-step TST is required.</li> <li>If you have a documented positive TST, the learner should not receive another TST.</li> <li>Based on the information provided above, complete the information below for the type of TST that is required (i.e. two-step or single-step TST).</li> </ol>				
Two-step TST (if required)		Dogulto (	and of the office of	
Date of test #1 (yyyy/mm/dd) Result   Date of test #2 (yyyy/mm/dd) Result   Resul				
One-step TST (if required) Date of last one-step (yyyy/mm/dd) Results (mm of duration)				
Additional Information Date of most recent chest X-ray (yyyy/mm/dd) Results				
Do you have any symptoms of pulmonary TB at this time?  Yes  No				
Date (yyyy/mm/dd)		Res	sults:	