



BLOOMBERG
LAWRENCE S. BLOOMBERG
FACULTY OF NURSING
UNIVERSITY OF TORONTO

HEALTH STATUS REQUIREMENTS FOR ALL NEWLY ADMITTED BScN NURSING STUDENTS

Please carefully review and complete the following information:

1. Health Care Provider Letter
2. Consent Form
3. Health Status Form – Parts 1, 2 and 3
4. BCLS Certification Information

IMPORTANT: STUDENTS MUST KEEP A COPY OF THESE FORMS (ONCE COMPLETED) FOR THEIR PERSONAL RECORDS AND NURSING PORTFOLIO.

THE LAWRENCE S. BLOOMBERG FACULTY OF NURSING WILL NOT SEND COPIES OF COMPLETED HEALTH FORMS TO OTHER AGENCIES.

Please ensure that all forms have been completed fully and legibly. Forms submitted with “see attached” as the message will not be processed. Please fill in all information required ON THE PAGES THAT FOLLOW. Missing information may result in students having to withdraw from the BScN program.



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Dear Health Care Provider,

In accordance with the policy of the University of Toronto, Bachelor of Science in Nursing Program, and in order to comply with the Public Hospitals Act, other legislation, and to meet the requirements of the students' nursing practice placement settings, the health status form must be completed in its entirety. **Failure to complete all 3 parts of this form will result in the student having to withdraw from the program.** If, for medical reasons, your client is unable to receive a required immunization or chest x-ray, a detailed explanation of this exclusion must be provided on the form. Once completed please return the form to your client who will ensure that it is forwarded promptly to the Occupational Health Nurse at the Lawrence S. Bloomberg Faculty of Nursing.

Thank you for your professional support of our Nursing Program.

Sincerely,

Kate Hardie
Chair, Undergraduate Nursing Program
University of Toronto
Tel: (416) 978-2864

P.S. The Koffler Student Services Centre at the University of Toronto is accessible to all BScN students. Students can access this service at:

***214 College Street 2nd Floor
Tel: (416) 978-8030
Web Site: www.utoronto.ca/health***

CONSENT FORM

I _____ give the University of Toronto, Lawrence S.
Student's Name (print)
Bloomberg Faculty of Nursing, Occupational Health Nurse consent to release information about my immunity status regarding Measles, Mumps, Rubella, Varicella and Tuberculosis to the clinical educational coordinator at the participating agencies where I will be completing clinical practice for the duration of my studies in the undergraduate program.

Signature

Date

PART TWO: Student & Health Care Provider Complete

BScN Student's Name: _____

In order to comply with the Ontario Hospital Act and health evaluation required by the practice placement settings the following information is required from students before entering clinical settings. This information is necessary in order to ensure that those who are working within a health care facility are free from or are protected against communicable and infectious diseases.

Evidence is required of immunization and immunity to measles, mumps and rubella (MMR)			
	Date of Immunization	Date & Results of Titer	
Measles			
Mumps			
Rubella			
If booster of MMR is required, a repeat immune titer is to be done six weeks post immunization			
Varicella titer (to be done even if there is a history of having had the disease)		Date & Result of titer	
	1st vaccination	2nd vaccination (4-6 weeks after 1 st)	
Varicella Immunization required if titer levels show no immunity. Discuss with health care provider if allergic to eggs			
Immunization Record		Month/Year Vaccination(s)	
TD (Tetanus/Diphtheria) - due every 10 years			
Polio - date of last booster OR date primary series was completed			
Tuberculosis Screening			
A mandatory two step Mantoux test is required prior to starting the program (even if you have had BCG). The second test is to be done 7 – 21 days after the first reading. If results are NEGATIVE , a documented 1 step Mantoux test must then be completed annually. The most recent Mantoux test must be completed between June 1 st and July 31 st yearly to ensure students are covered for the entire academic year.			
Mantoux Test	Date Given	Date Read	Induration (mm)
Step 1			
Step 2			
Annual Mantoux Test			
If either step is POSITIVE (10 mm. or more induration), please evaluate as follows: 1. Previous BCG Date: _____ 2. Physical examination/symptom inquiry Date: _____ 3. Chest X-ray Date: _____ Results: _____ (MANDATORY attach copy of x-ray report dated within current year) 4. INH Prophylaxis No () Yes () Dosage: _____ Duration: _____ Year: _____			
NOTE: The responsibility of follow up care and therapy of positive reactors is that of the student's attending physician and medical officer of health as per OHA/OMA Communicable Disease Surveillance Protocols.			

ANNUAL REQUIREMENTS TO BE SUBMITTED BY JULY 31

Persons who have a positive TB skin test must provide yearly a copy of a chest X-Ray report or a letter from their health care provider stating that they are free of active tuberculosis. Persons who have a negative reading must submit yearly documentation of a 1 step TB skin test.

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416 946-5385, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1.

PART THREE: Health Care Provider Completes

BScN Student's Name: _____

Hepatitis B			
Hepatitis B Immunization	1st mm yy dd	2nd (within 1 month. of 1st immunization) mm yy dd	3rd (6 months after 1st immunization) mm yy dd
Post vaccine Hepatitis B antibodies (HbsAB)	Date		Titer Result (Mandatory: provide copy of lab report)
If booster is required, please provide date	Date		Titer Result (provide copy of lab report)

The Lawrence S. Bloomberg Faculty of Nursing strongly encourages all nursing students to protect themselves with annual influenza immunization. Health care institutions may mandate the flu shot. In this case, the student may be denied access to the facility. Furthermore, in the event of an outbreak in the clinical agency in which students are placed, non-immunized students may be required to take antiviral medication and / or be prohibited from continuing their placement, thus jeopardizing successful completion of their clinical course.

Name of Health Care Provider: _____

Address of Health Care Provider: _____

Signature of Health Care Provider: _____

Professional Designation: _____

Telephone #: _____ Fax #: _____

References:

Public Hospitals Act, Regulation 965, Bylaw 4d (i-v) and 4e, p.R5.2.

Canada Communicable Disease Report: Proceedings of the Consensus Conference on Infected Health Care Workers: Risk for Transmission of Bloodborne Pathogens, July, 1998.

This form was developed in collaboration with the Ryerson University School of Nursing, University of Toronto Health and Well Being Programs and Services, and was adapted for use by the University of Toronto, Lawrence S. Bloomberg Faculty of Nursing in January 2004, version 9 updated April 29, 2009.

NB: Students MUST KEEP A FEW COPIES of this form for their personal records and nursing portfolio.

Return fully completed Status Form in confidence to:

**Esther Koven, Occupational Health Nurse,
University of Toronto
Lawrence S. Bloomberg Faculty of Nursing
153-155 College St. Toronto, ON M5T 1P8
Tel: (416) 978-4324 Fax: (416) 946-0665
Email: e.koven@utoronto.ca**

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416 946-5385, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1.

BCLS Certification

All incoming students must complete their BCLS Basic Rescuer Level C Certification (with or without first aid instruction) prior to registration.

Please contact one of the following places for information on BCLS certification courses:

St. John Ambulance Canada

<http://www.sja.ca/english>

Heart and Stroke Foundation of Canada

<http://ww1.heartandstroke.ca>

Toronto Emergency Medical Services (EMS) First Aid/CPR programs

<http://www.city.toronto.on.ca/ems/education/cpr.htm>

St. John Ambulance Toronto

http://www.sja.ca/toronto/main_coursecalenda.htm

Students are to complete BCLS certification in a course that provides ongoing certification.

Proof of certification (a photocopy of your certificate) must be submitted to the Faculty, Room 130 **prior to July 31**.

Failure to attain certification will result in the student not being able to complete registration in the nursing program.

Please contact Kong Ng at kong.ng@utoronto.ca if you have any question regarding BCLS Certification.

Thank you.