



# MEDICAL REPORT

TO BE COMPLETED WITHIN 45 DAYS OF COMMENCEMENT OF STUDY

The Communicable Disease Protocols require that hospitals and community placements must have documented proof of immunization and/or history of specific communicable disease for all persons. Please provide actual dates for requested immunizations below.

## Section 1: To be Completed by the Student

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Program: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
The information given below is true to the best of my knowledge and I authorize the release of information to any college placement.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2: To be Completed by Health Professional (required)

### 2.1 TUBERCULOSIS: Documentation of a two-step tuberculin skin test is required regardless of BCG vaccination.

An initial tuberculin skin test is given and **must be read between 48 and 72 hours in mm of induration** after the skin test is given. If this test is 0-9mm of induration, a second test is given in the opposite arm **at least one week and no more than four weeks after** the first TB test and **must be read between 48 and 72 hours later and recorded in mm induration**. If it has been more than 12 months since the two-step TB test, a one-step TB skin test is also required, and dates of the previous two step are required. Please do not receive any Covid-19 vaccine until your TB skin testing is complete. If you have recently received a Covid-19 vaccine, please wait 28 days from the date of administration to start the TB skin testing process. This 28-day waiting period is required as a Covid-19 vaccine can alter the results of the TB skin test.

**NOTE:** If the student has previously tested Positive (10mm or greater) please enter the following:

Date of Positive Test: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ mm induration Physician signature: \_\_\_\_\_  
DD/MM/YYYY

TUBERCULIN SKIN TESTING: **TWO-STEP MUST BE COMPLETED / RESULTS MUST BE RECORDED IN mm INDURATION.**

**Step 1:** Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Given By: \_\_\_\_\_  
DD/MM/YYYY  
Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Read By: \_\_\_\_\_ Result: \_\_\_\_\_ mm induration  
DD/MM/YYYY  
**Step 1:** Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Given By: \_\_\_\_\_  
DD/MM/YYYY  
Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Read By: \_\_\_\_\_ Result: \_\_\_\_\_ mm induration  
DD/MM/YYYY

**If it has been more than 12 months since the two-step TB test (recorded above), A ONE-STEP TB UPDATE TEST IS ALSO REQUIRED**

**Update:** Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Given By: \_\_\_\_\_  
DD/MM/YYYY  
Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Read By: \_\_\_\_\_ Result: \_\_\_\_\_ mm induration  
DD/MM/YYYY

**NOTE:** Persons who are tuberculin positive (10mm or greater) must have a chest x-ray completed.

Date of Chest X-Ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ Physician/NP Signature: \_\_\_\_\_  
DD/MM/YYYY

**Section 2 (Cont'd): To be completed by Health Professional (required)**

**2.2 MEASLES, MUMPS, RUBELLA (MMR): Proof of Measles, Mumps, Rubella immunity is required. Only the following will be accepted:**

**Option 1:** A documented history (**vaccination record must be attached**) of two doses of MMR

Date of **first** MMR: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

Date of **second** MMR: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

Date of **booster** (if required: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

Physician Signature: \_\_\_\_\_

*\*Do not give MMR vaccine until after TB skin testing is completed. MMR may be given at the same time as Varicella vaccine or give MMR and Varicella vaccines at least 4 weeks apart. Healthy adults 18 years of age or older, MMRV is not authorized for use in the age group as NACI guidelines. (National Advisory Committee on Immunization).*

**Option 2:** Laboratory evidence showing immunity to Measles, Mumps and Rubella

Blood work dates:

Measles Immunity: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

Mumps Immunity: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

Rubella Immunity: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

**2.3 HEPATITIS B VACCINE:** Proof of Hepatitis B immunity is REQUIRED for Early Childhood Education and Personal Support Worker Programs at Crossroads. All other programs are strongly recommended to complete Hepatitis B Vaccine Series. **Only the following will be accepted:**

**Option 1:** A documented history (**vaccination record must be attached**) of vaccination series (2 or 3 doses)

Date of **first** dose: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

Date of **second** dose : \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

Date of **third** dose: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

Date of **booster** (if required: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

Physician Signature: \_\_\_\_\_

**Option 2:** Laboratory evidence showing immunity to Hepatitis B

Date of **booster** (if required: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

Titre Results: \_\_\_\_\_

**2.4 VARICELLA IMMUNITY: Proof of Varicella (chicken pox) immunity is required. Only the following will be accepted:**

**Option 1:** Laboratory evidence showing immunity to Varicella

Blood work date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

Varicella Immunity: \_\_\_\_\_

**Option 2:** A documented history (vaccination record must be attached) of two doses of Varicella vaccine. A minimum of 4-week interval is required between doses, NACI recommends a 6-12 week interval between doses.

Date of **first** Varicella: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

Date of **second** Varicella : \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM.YYYY

Physician Signature

*\*Do not give vaccine until after TB skin testing is completed. Varicella may be given at the same time as the MMR vaccine or Varicella and MMR vaccines at least 4 weeks apart. Healthy adults 18 years of age & older, MMRV is not authorized for use in this age group as per NACI guidelines (National Advisory Committee on Immunization).*

## Section 2 (Cont'd): To be completed by Health Professional (required)

### 2.5 TETANUS DIPHTHERIA & PERTUSSIS (Tdap):

Date within the last 10 years: \_\_\_\_\_ **Vaccination record must be attached.**

*\*Adult Health Care workers regardless of age, should receive a single dose of tetanus diphtheria acellular pertussis vaccine (Tdap) for pertussis protection if not previously received in adulthood. The adult dose is in addition to the routine adolescent booster dose. Ontario Hospital Association, 2017.*

### 2.6 COVID-19 VACCINE: Proof of COVID-19 vaccination is required.

If you are unvaccinated, a letter stating the medical reason why is required. Medical exemption requests will be reviewed by Crossroads staff on a case-by-case basis and may result in longer clearance times.

Date of <b>first</b> dose: ____/____/____ DD/MM.YYYY	Name of Vaccine: _____
Date of <b>second</b> dose: ____/____/____ DD/MM.YYYY	Name of Vaccine: _____
Date of <b>third</b> dose: ____/____/____ DD/MM.YYYY	Name of Vaccine: _____

**\*Proof of COVID-19 vaccination must be included along with this form.**

## Section 3: To be Completed by Physician (required)

### Must be completed by a Physician

I certify that I have reviewed the immunization records and medical history of the above-named student and that the information provided on this form is accurate and complete to the best of my knowledge. The recommendations provided are based on the Canadian Immunization Guide recommendations for Health Care Workers.

Physician/NP Name: \_\_\_\_\_

Physician/NP Signature: \_\_\_\_\_

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

OFFICE  
STAMP

I have made a copy of this completed form for my records.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Dear Health Care Provider:

Crossroads students who have placements in a health care or education setting must complete the attached Medical Report to be considered for placement.

### **IMPORTANT**

**A 2-step TB test is required.** Please ensure that all fields are documented on this form and please express interpretation in mm of induration. If there is no reaction, there must be 0mm documented. A “negative” result is not sufficient.

**DO NOT** vaccinate your patient with MMR, Varicella or COVID-19 vaccines until after TB skin testing is complete. If the patient has recently received a COVID-19 vaccine, please wait 28 days from the date of administration to start the TB skin testing processes. This 28-day waiting period is required as COVID-19 vaccines can alter the results of the TB skin test.

If patients have had a previous positive TB skin test, please include documentation of this previous positive test which includes the mm of induration.

A history of BCG vaccine is not a contraindication to TB skin testing.

If the patient requires Varicella vaccination, the minimum interval between doses is 4 weeks and the NACI (National Advisory Committee on immunization) recommends 6-12 weeks between doses.

Please ensure you provide your patient with all the patient vaccination records and bloodwork results. These records and results must be translated and provided in English.

Thank you for your assistance,

Crossroads Truck & Career Academy

### **References**

Canadian Immunization Guide, Part 3: Immunization of Workers

<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html#p3c10t1>

National Advisory Committee on Immunizations, Vaccine Guidance

<https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>