

Pre-Placement Health Form Student Instructions

Student Name: _____

Student ID: _____

Program Name and Code: _____

Year of Study: _____

Program requirements are due prior to attending clinical placement. Students are encouraged to have immunizations completed early in the program for their own safety.

Student Instructions for Mandatory Program Requirements

- Review the requirements checklist below:

SECTION	REQUIREMENT	Ensure all requirements are complete with records and certificates included
Section A – Medical Requirements <i>(Completed and signed by Health Care Provider)</i> <i>*Not required for Health Information Management (HIM)</i> <i>**Not required for HIM and Pharmacy Technology</i>	Tuberculosis Screening*	<input type="checkbox"/>
	Measles, Mumps, and Rubella (MMR)	<input type="checkbox"/>
	Varicella (Chicken Pox)	<input type="checkbox"/>
	Tetanus/Diphtheria/ Pertussis (Tdap)	<input type="checkbox"/>
	Hepatitis B*	<input type="checkbox"/>
	Hepatitis B Waiver form*	<input type="checkbox"/>
	Vulnerable Sector Police Check (VSC)**	<input type="checkbox"/>
	Criminal Record Check (CRC) <i>(all programs are required to submit a CRC unless their program requires a VSC)</i>	<input type="checkbox"/>
Child Abuse Registry (CAR) <i>(Mandatory for CCA and PN programs)</i>	<input type="checkbox"/>	

Access the [NSCC Placement Pass Portal](#) through Microsoft 365 and log in using your NSCC credentials or visit the [NSCC Program Requirements](#) webpage for the most current Pre-Placement Health Form Package. Further instructions on how to access the Placement Pass app can be found in the [Student Information Slide Deck](#).

- Book an appointment with a Physician, Nurse Practitioner, or Registered Nurse.
- Bring immunization records, public health forms, or documents that show your immunization history to your appointment.
- Request the following from your health care provider to complete:
 - Immunization records (for proof of immunization),
 - Lab blood results (if applicable), and
 - Chest x-ray report, if required.
- Provide **Section A** (instructions and forms) to your health care provider to complete and sign/stamp.
- Complete **Section B** Mandatory non-medical requirements.
- Complete checklist (above) to ensure all requirements are met for both **Sections A & B**:
 - Section A** (both pages) completed, initialed, and signed by your Health Care Provider.
- Your blood lab reports and, if required chest x-ray report are to be submitted with this form.

9. Your immunization records including childhood records if available. Ensure your **name** is on each page.
10. **Section B** certificates or proof of completion for any non-medical requirement.

Scan, label, and submit all documents through the Placement Pass app. To avoid additional fees, ensure all documentation is ready to submit together.

- ▶ Students who started a immunization series will receive a temporary exception. Once available, they will submit immunization records and/or blood test results confirming completion.
- ▶ Fees are charged for **each submission** except for flu, Covid, and police records. To avoid subsequent fees, ensure all documentation is ready to be submitted together.

Health Care Provider Instructions for Mandatory Medical Requirements

1. Complete **Section A** in its entirety and provide an attesting signature/initial where indicated.
2. Provide the student a copy of immunization records for vaccines administered and lab results for lab tests completed as applicable. Note: Immunization requirements listed follow the standards outlined in: The Canadian Immunization Guide (Part 3) **Vaccination of Specific Populations** – Workers and Student Placements, The Canadian Tuberculosis Standards (2007), and Nova Scotia Health.
 - a. The following are required for all NSH placements:
 - Measles, Mumps, and Rubella
 - Tetanus, Diphtheria, and Pertussis
 - Varicella
 - b. The following are required for NSH placements with direct patient contact and/or placements where students have the potential to be exposed to blood and/ potentially infectious body substances.
 - Hepatitis B
 - Tuberculosis
 - c. The following is recommended by NSH and may be required by other facilities (such as Long-term care)
 - Influenza (Seasonal)
 - COVID-19
3. Use the following instructions when completing the following subsections:
 - a. **Tuberculosis (TB) Screening** *Must be completed **within 6 months** of program start:
 - i. If no history of a 2-step Tuberculin skin test (TST), a 2-step TST is required and must be negative.
 - ii. If the first test is negative a second test is applied 7-21 days later.
 - iii. If there is documentation of a prior negative 2-step TST, a 1-step TST is required.
 - iv. If there is a documented prior positive TST or latent TB, or any treatment for active or latent TB a TST is not required. A chest x-ray is indicated.
 - v. If Bacille Calmette-Guerin (BCG) immunization was completed, a TST is still required. If a TST reads positive a chest x-ray is required.
 - vi. If there is documented proof of a 1-step TST completed within the last 12 months and no documentation of a 2-step TST, a 1-step TST is indicated.
 - b. **Measles, Mumps, and Rubella (MMR) considered immune with one of the following:**
 - i. Documented evidence including history of laboratory confirmed MMR, 2 doses of MMR immunization, or laboratory evidence of immunity.
 - c. **Varicella (Chicken Pox) considered immune with one of the following:**
 - i. Documented evidence including history of laboratory confirmed Varicella, 2 doses of varicella immunization at least 6-weeks apart on or after their first birthday, or laboratory evidence of immunity.
 - d. **Tetanus/Diphtheria (Td) and Pertussis:**
 - i. Immunization records showing a dose of Tdap within the last 10 years.

e. Hepatitis B:

- i. Nova Scotia Health strongly recommends that students complete a full series of Hepatitis B immunizations and achieve HBsAb immunity prior to any learning placement at Nova Scotia Health.
- ii. Prior to starting a learning placement at Nova Scotia Health, student/ learners are required to meet one of the two options below:

Option A: Show proof of receiving at least one dose in a Hepatitis B immunization series, plus sign a Hepatitis Immunity Waiver.

Option B: Show proof of completing a full series of Hepatitis B immunizations, and proof of HBsAb immunity (based on ranges provided by lab).

NOTE: Expectation for student/learners who have not achieved Hepatitis B HBsAb immunity.

- Placing agencies will outline expectations that Students/Learners acquire Hepatitis B immunizations and document results of immunity status during their academic study.
- If a student/learner has not achieved Hepatitis B immunity prior to starting their learning placement, the Placing Agency will be responsible to ensure the student/learner is well informed of the risks associated with working in a health care setting.
- The Placing Agency will ensure the student/learner are not placed in a setting or undertake procedures that puts the Student/ Learner at high risk of exposure to Hepatitis B.
- If Students/Learners sign the Hepatitis B Waiver – the waiver is kept on file at the Placing Agency.

f. The following immunizations are strongly recommended by NSH (submission is optional and not mandatory):

i. Influenza (flu)

1. Only applicable during flu season (October to the end of April).
2. Influenza immunization may be required by other placement partners (such as long-term care).

ii. COVID-19 (primary series plus applicable boosters)

1. Proof of immunization may be submitted for primary series of COVID-19 immunization.
2. COVID-19 immunization may be required by other placement partners (such as long-term care).

Pre-Placement Health Form
SECTION A: Health Care Requirements (Mandatory)

! Do not leave any sections blank – If not applicable, please complete with “N/A”. If drawn, provide the student with a copy of the lab report/results (attach laboratory blood report) for each of the following:

Student Name: _____ Student ID: _____

TUBERCULOSIS SCREENING	Date Administered (DD/MM/YYYY)	Health Care Provider Initials	Date Read (48-72 hours from testing) (DD/MM/YYYY)	Results* (Induration in mm, not erythema)	Health Care Provider Initials
1 st step				_____mm	
2 nd step				_____mm	
Chest X-ray	Date/Results*:				

*10 mm or greater is considered positive. The student/learner does not have TB as evidenced by a negative TST or chest x-ray. Yes No Health Care Provider Initials:

MEASLES MUMPS AND RUBELLA (MMR)	Dose 1 Date (DD/MM/YYYY)	Health Care Provider Initials	Dose 2 Date (DD/MM/YYYY)	Health Care Provider Initials
MMR				
Serology	Date/Results:			

The student/learner is considered immune for MMR. Yes No Health Care Provider Initials:

VARICELLA (CHICKEN POX)	Dose 1 Date (DD/MM/YYYY)	Health Care Provider Initials	Dose 2 Date (DD/MM/YYYY)	Health Care Provider Initials
Varicella				
Serology	Date/Results:			

The student/learner is considered immune for Varicella. Yes No Health Care Provider Initials:

TETANUS/DIPHTHERIA/PERTUSSIS (Tdap)	Date (DD/MM/YYYY)	Health Care Provider Initials
Tdap Booster		

Primary series of Tdap and Tdap Booster in adulthood. Booster must be received within the past 10 years and date documented. Yes No Health Care Provider Initials:

HEPATITIS B (Complete option A or B)		Dose 1 (DD/MM/YYYY)	Health Care Provider Initials	Dose 2 (DD/MM/YYYY)	Health Care Provider Initials	Dose 3 (DD/MM/YYYY)	Health Care Provider Initials
Option A	Hepatitis B Series						
	Product Name						
	Student/learner has started the immunization series and signed the Hepatitis B waiver form. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Option B	Hepatitis B series completed on (DD/MM/YYYY):	HBsAb Serology Result:					
	The student/learner is immune to Hepatitis B based on the HBsAb serology results. <input type="checkbox"/> Yes <input type="checkbox"/> No						

Health Care Provider Signature & Identification		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	<input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN	
Phone Number:	() -	

Health Care Provider Signature & Identification		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	<input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN	
Phone Number:	() -	

Health Care Provider Signature & Identification		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	<input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN	
Phone Number:	() -	

Health Care Provider Signature & Identification		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	<input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN	
Phone Number:	() -	

Pre-Placement Health Form
SECTION B: Non-Medical Requirements (Mandatory)

Student Name: _____ Student ID: _____

!	<ul style="list-style-type: none"> ▶ Checks should be completed no earlier than 3 months prior to the start of your program as it needs to be current at the time of review. ▶ Your local RCMP detachment or police department can perform these checks. Please bring a piece of government issued photo ID with you. ▶ Submit supporting documents in PDF format, if possible. ▶ Please verify that documents are clear and legible before submitting to the Placement Pass website.
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NON-MEDICAL REQUIREMENTS
Vulnerable Sector Police Check (VSC) Required for all programs except: HIM and Pharmacy Technology
Criminal Record Check (CRC) Required for all programs unless a VSC is required.
Child Abuse Registry (CAR) Required for CCA and PN programs.