



Faculty of Health Sciences,
 McMaster University, Electives Office
 1200 Main Street West, MDCL 3111
 Hamilton, ON L8N 3Z5

**ELECTIVES APPLICATION FOR STUDENTS AT
 MEDICAL SCHOOLS OUTSIDE CANADA**

FIRST NAME _____ LAST NAME _____

MAILING ADDRESS _____

CITY _____ COUNTRY _____ POSTAL CODE _____

HOME PHONE NO. _____ E-MAIL ADDRESS _____

HAVE YOU EVER ATTENDED MCMASTER UNIVERSITY _____ PREVIOUS STUDENT ID NUMBER _____

DATE OF BIRTH (mm/dd/yy) _____ M / F (circle one)

WHAT CLINICAL TRAINING WILL YOU HAVE COMPLETED BY THE START OF THE PROPOSED ELECTIVE?

ELECTIVE REQUEST

<u>1ST CHOICE</u>	<u>TYPE OF ELECTIVE</u>	<u>mm/dd/yy START DATE</u>	<u>mm/dd/yy END DATE</u>
_____	_____	_____	_____

OBJECTIVES

<u>2ND CHOICE</u>	<u>TYPE OF ELECTIVE</u>	<u>mm/dd/yy START DATE</u>	<u>mm/dd/yy END DATE</u>
_____	_____	_____	_____

OBJECTIVES

<u>3RD CHOICE</u>	<u>TYPE OF ELECTIVE</u>	<u>mm/dd/yy START DATE</u>	<u>mm/dd/yy END DATE</u>
_____	_____	_____	_____

OBJECTIVES

PLEASE NOTE THE FOLLOWING:

- PAYMENT MUST ACCOMPANY THE APPLICATION IN THE FORM OF A CERTIFIED CHEQUE OR CANADIAN POSTAL MONEY ORDER IN THE AMOUNT OF \$450.00 DOLLARS IN CANADIAN FUNDS
- ELECTIVES ARE ONLY SCHEDULED TO START ON MONDAYS AND FINISH ON FRIDAYS
- ACCEPTANCE DEPENDS UPON THE AVAILABILITY OF RESOURCES AT THE TIME OF THE ELECTIVE. THE MAXIMUM TIME ALLOWED AT MCMASTER UNIVERSITY IS **8 WEEKS** OF ELECTIVE TIME PER CALENDER YEAR
- APPLICATIONS MUST BE RECEIVED **6 MONTHS** PRIOR TO THE START OF THE ELECTIVE. ALL PLACEMENTS ARE MADE THROUGH THE ELECTIVES OFFICE
- ELECTIVES ARE NOT AVAILABLE BETWEEN MID-DECEMBER AND NEW YEARS DAY
- THE UNIVERSITY IS NOT RESPONSIBLE FOR TRAVEL OR ACCOMMODATION EXPENSES
- VISITING STUDENTS ARE RESPONSIBLE FOR OBTAINING THEIR OWN PERSONAL HEALTH INSURANCE
- ONCE A PLACEMENT HAS BEEN SECURED, YOU WILL BE REQUIRED TO PROVIDE A CERTIFICATE OF MALPRACTICE INSURANCE
- CANCELLATION OF A CONFIRMED ELECTIVE IS CONSIDERED UNPROFESSIONAL AND CAN RESULT IN A LETTER DENOTING THIS UNPROFESSIONAL BEHAVIOUR BEING SENT TO YOUR SCHOOL
- INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE ADDRESS NOTED ON THE APPLICATION FORM

I HAVE READ AND UNDERSTAND THE REQUIREMENTS TO REGISTER FOR A CLERKSHIP ELECTIVE AT THE MICHAEL G DEGROOTE SCHOOL OF MEDICINE, MCMASTER UNIVERSITY.

SIGNATURE OF APPLICANT _____ DATE _____

TO BE COMPLETED BY THE DEAN OR DESIGNATE AT THE APPLICANT'S MEDICAL SCHOOL:

STUDENT NAME _____ IS REGISTERED IN GOOD
STANDING IN THE _____ YEAR OF A _____ YEAR PROGRAM AT _____ SCHOOL OF MEDICINE
AND IS EXPECTED TO GRADUATE UPON COMPLETION OF _____ WITH THE DEGREE DOCTOR OF MEDICINE

NAME OF DEAN OR DESIGNATE _____ POSITION HELD _____

SIGNATURE OF DEAN OR DESIGNATE _____

MEDICAL SCHOOL ADDRESS _____

*Return Application to:
MD PROGRAM, ELECTIVES OFFICE
MDCL3111
McMaster University
1200 Main Street West
Hamilton Ontario, L8N 3Z5*

DATE AND MEDICAL SCHOOL SEAL: _____

**McMaster Faculty of Health Science Visiting Elective Student
Pre-Clinical Immunity and Communicable Disease Status Screening**

Name:

The Ontario Public Hospitals Act requires that all persons working in a hospital setting meet certain criterion regarding surveillance for infectious diseases. For this reason, all visiting students are required to have a pre-clinical assessment of their immunity status with respect to certain infectious diseases and must also be appropriately screened regarding their TB status.

In order for the requirements of the legislation to be met, **this form must be filled out completely and accurately**. Please follow the instructions carefully so that there will be no delay in completion of the requirements, which could jeopardize your ability to begin your clinical placement.

Tuberculosis

- < You must have TB skin testing **or** a chest x-ray.
- < **If skin testing is chosen: YOU MUST HAVE A TWO STEP TB TEST EXCEPT IN THE FOLLOWING CASES:**
- < If you have had a **previous two step test only a one step TB test is required.**
- < If there is **written documentation of any TB test in the past twelve months, only a one step test is required.**
- < If you have had **previous positive results to TB skin testing** you should have a chest x-ray performed.
- < The result of each test is to be recorded in mm. of induration. If the **first step is less than 10 mm.** of induration then the **second step is performed within 1-4 weeks in the opposite arm.**
- < If either result is greater than or equal to 10 mm. of induration, then a **chest x-ray must be performed with appropriate clinical follow up.**

Please include the interpretation i.e. negative, conversion, boosted response, of the result.

TB test	Date	Result (mm induration)	Interpretation
First step			
Second step			
Chest x-ray			
Other follow up:			

Measles, Rubella

- < Those born prior to 1957 may be considered immune to Measles
- < Vaccination should be given if you do not have either **documentation of rubella and measles vaccination on or after your first birthday, or documented evidence of detectable antibody.**
- < Combined vaccination as **MMR is preferred.**

	Immunization	Titre		Repeat immunization	
	Date	date	result	date	vaccine given
Measles					
Rubella					

Chickenpox

- < If there is no known history of Chickenpox (Varicella), then titres for this must be done.
- < If you are found to be susceptible, please read the enclosed sheet of information regarding the significance of this to your clinical placement.

Known history	Titre (if no known history)	
Date	date	result

Hepatitis B

< Hepatitis B vaccination is recommended if you are not already immune.

< **Routine booster vaccinations for Hepatitis B in immunocompetent persons are not recommended** based on current evidence which demonstrates continuing protection.

Known Immunity			Date	
Immunization date			Post-vaccination titre	
first dose	second dose	third dose	date	result

RNGCUG'RT P V"

Physician's P co g"<aa

Rj {ulekcp)"Address<aa

aa

aa"

Rj {ulekcp)"Signature: _____

F cve: _____

INFORMATION SHEET FOR VARICELLA SUSCEPTIBLE STUDENTS

Chickenpox, or Varicella, is spread by nose and throat secretions, direct contact with fluid from skin lesions, or objects contaminated with this fluid. The dried scabs are not infectious.

The incubation period is 2 to 3 weeks.

The Varicella virus is contagious 1 to 2 days before the rash appears and lasts until the lesions are dry and crusted (about 5 to 7 days).

In 77 to 80% of cases, the illness begins with a low grade fever and malaise. Pruritus (itchiness) is common. Skin lesions look like water blisters and continue to erupt for 3 to 5 days. The lesions last from 1 to 7 days, becoming pustular and then crusted.

If you are susceptible to Varicella and there is a diagnosed case of Varicella on your clinical placement, do not report to the site. Inform your supervisor immediately. Your supervisor will contact the employee health or infectious control nurse. A decision will be made to transfer you to a different clinical site.

If you are susceptible and have been exposed to Varicella, contact the supervisor and the Student Health Clinic. Do not go to your clinical placement.

The physician will order a blood test for the presence of the Varicella Zoster Virus (VZV).

Susceptible exposed persons must be excluded from any work in the hospital from 10 days after the first exposure until 21 days after the last exposure. If clinical Chickenpox develops during that period, the person must remain off school until 5 to 7 complete days after the onset of rash and lesions or until the lesions are dry and crusted.

Canadian Journal of Diagnosis, September 1995
 Chickenpox, A Canadian Perspective

Communicable Disease Surveillance Protocols for Ontario Hospitals, June 1990

Current Medical Diagnosis and Treatment, 34th Edition, 1995