Medical Students Addendum

The immunization requirements for entry into practice at the University of Alberta- Faculty of Medicine & Dentistry are as listed in the AFMC Student Portal Immunization and Testing Form. This form PLUS PAGE 2 OF THIS LETTER completed, will meet your immunization requirements for entry into the medicine program at the University of Alberta. Furthermore, once the AFMC student portal form is complete, it will also meet, most, if not all, of your requirements for future Canadian electives, as many medicine students choose to do electives in their second, third and fourth years at other Canadian Universities.

The AFMC Student Portal Immunization and Testing Form EXCLUDES additional testing and information that is required by the University of Alberta. The additional requirements are:

✓ ALL RECORDS AND LAB REPORTS used to complete the AFMC Student Portal Immunization and Testing form are required to be attached and submitted with the form
✓ A Hepatitis B Core Antibody blood test, for those students who are considered high-risk of past Hepatitis B infection.
✓ Follow up with a physician and a letter explaining any implications on the students’ clinical practice is required in the following circumstances:
  o A student has a positive HBsAg
  o A student has a positive Anti-HBc
  o A student is a non-responder to Hepatitis B immunization

Process:
If you wish to complete your form at the University Health Centre, which is highly encouraged, please book FOUR appointments to accommodate the 2-step TST. This first TST read will need to be 48-72 hours after the test, and the second TST will need to be completed 7-28 days after the first TST was implanted, with the second TST read another 48-72 hours later.

Fees:
- Completion of the AFMC Student Portal Immunization and Testing Form including a 2-step TST (with the presence of immunization records) = $100.00
- Completion of the AFMC Student Portal Immunization and Testing Form including a 2-step TST (WITHOUT the presence of immunization records) = $140.00
- Completion of the AFMC Student Portal Immunization and Testing Form ONLY and NO TST is required (WITH the presence of immunization records) = $60.00
- Completion of a 2-step TST ONLY = $40.00
Medicine Program Addendum - Additional Requirements

This form is to be completed and ATTACHED to the AFMC Student Portal Immunization Testing Form in order to meet all the immunization requirements for the University of Alberta MD Program.

The attached algorithms have been attached to this document to assist health care providers on the assessment and immunization recommendations for Hepatitis B for health care students in Alberta.

☐ ALL RECORDS & LAB REPORTS ARE ATTACHED to the AFMC student portal immunization form

Hepatitis B:

SELECT A CATEGORY:

☐ Student is NOT AT RISK of past infection – no further action required

OR

☐ Student is AT HIGH-RISK of past infection – students who have immigrated to Canada from a Hep B endemic country, those who have received repeated blood transfusions, those with a history of dialysis AND/OR those with lifestyle risks of infection.

If the student is at high-risk of past infection, the following serology is also required:

Anti-HBc: Date: ________________________ ☐ POSITIVE ☐ NEGATIVE ☐ lab report is attached

IF RESULT IS POSITIVE - follow-up with a physician is required as well as a letter explaining any implications on the students’ clinical practice.

HBsAg:

As identified on the AFMC Student portal form, the HBsAg was:

☐ NEGATIVE – no further action required

☐ POSITIVE - follow-up with a physician is required as well as a letter explaining any implications on the students’ clinical practice.

☐ Physician’s letter is attached

HEPATITIS B NON-RESPONDER:

If a student is a non-responder to Hepatitis B immunization, follow-up with a physician is required as well as a letter explaining any implications on the students’ clinical practice.

☐ Physician’s letter is attached

For information on what is considered a non-responder to Hepatitis B Immunization, along with information on appropriate immunization scheduling, please review the attached algorithms.

____________________ ___________________ _______________
Clinic Stamp: Name of HCP Signature Date