

Please note that in addition to this form, proof of the following clearances must also be sent to the BGH Education Assistant.

- Proof of Immunizations (please see below for BGH requirements)
- Proof of N95 Mask Fit (please see below for N95 Masks fitted by BGH)
- Proof of Enrollment and/or Letter of Good Standing
- Proof of Clear Vulnerable Sector Police Check (clearance may be indicated in LOGS)

***Please note that additional information and documentation may be requested by the Education Assistant to meet program specific placement requirements.**

Student Contact Information

Name (first/last)		Student ID #	
Address		Country	
Province	City	Postal Code	
Email		Primary Phone #	
Emergency Contact		Emergency Contact #	

Current Program or Specialty

School	Program	Year
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Previous Schooling

School	Program	Year
School	Program	Year
School	Program	Year
School	Program	Year

Type of Training Requested (Select 1 of the following)

<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Diagnostic Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Family Medicine
<input type="checkbox"/> General Surgery	<input type="checkbox"/> Hospitalist	<input type="checkbox"/> ICU	<input type="checkbox"/> Internal Medicine
<input type="checkbox"/> Midwifery	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Urology	<input type="checkbox"/> Elective <input type="checkbox"/> Core
<input type="checkbox"/> Other (please indicate)		Start Date	End Date
Name of Supervising Physician (<i>if known</i>)		Supervising Physician has been contacted by student? <input type="checkbox"/> YES <input type="checkbox"/> NO	

License to Practice in Ontario *Proof of Malpractice coverage MUST be sent with application. If you have no CMPA or do not attend Queens University, please reach out to the Education Assistant.

Do you have coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Date
Date of License	License #	OHIP Billing #
CMPA #		Other Malpractice

Communicable Disease Screening *Incomplete or Outdated Information can DELAY placement”

Tuberculosis Screening

A historical two-step TB skin test is required. If it has been over a year since the most recent Mantoux skin test, a negative single step Mantoux skin test must be conducted. If a test comes back positive, a chest X-ray must be completed and confirmed to be clear.

Measles - one of the following is acceptable:

- Documentation of 2 doses of Measles vaccine (MMR) on or after your first birthday, or
- Laboratory evidence confirming your immunity to measles

Mumps - one of the following is acceptable:

- Documentation of 2 doses of mumps vaccine (MMR) on or after your first birthday, or
- Laboratory evidence confirming your immunity to mumps, or

Rubella - one of the following is acceptable:

- Documentation of 2 doses of rubella vaccine (MMR) on or after your first birthday, or
- Laboratory evidence confirming your immunity to rubella

Varicella (Chicken Pox) - one of the following is acceptable:

- Documentation of 2 doses of chicken pox vaccine, or
- Laboratory evidence confirming your immunity to chicken pox, or
- Record showing evidence (date) that you were ill with the chicken pox or a self-provided history of chicken pox is **not** evidence of immunity

Tetanus/Diphtheria

Childhood or adult primary series of Td with boosters every 10 years. **Also see Acellular Pertussis (Tdap) requirement below.**

Acellular Pertussis – the following is acceptable:

Documentation of having received one single dose of tetanus, diphtheria, pertussis vaccine (Tdap) as an adult.

Immunity to Hepatitis B

The educational institution is responsible for Hepatitis B immunization and post exposure follow up for their students.

Influenza Vaccination

It is an expectation that all students must receive the annual flu vaccine unless medically contraindicated.

Respirator (N95) Clearance

Learners are required to have N95 respirator fit testing dated within the last 2 years. The following N95 respirators are available for use at BGH:

- | | | |
|----------------|-----------------|------------------|
| 3M 1860 | 3M 1860S | 3M 1870 + |
| 3M 8210 | 3M 8110S | 1804S |