

**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 (Optional)

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## **Communicable Disease Screening** *\*Incomplete or Outdated Information can DELAY placement"*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 & COVID-19 Vaccinations**

All students must provide proof of 2 COVID vaccines. It is recommended that students 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. BGH primarily fits for 1870+ with other sizes in varying and limited quantities.

**3M 1860**  
**3M 8210**

**3M 1860S**  
**3M 8110S**

**3M 1870 +**  
**1804S**

