

SEROPOSITIVE STUDENT CONSENT FORM

I agree to refrain from any intervention on humans that involve exposure-prone procedures (clinical rotations, in obstetrics or in the emergency, as well as procedures on polytraumatized patients) until the Associate Dean, Undergraduate Medical Education (UGME) of the Faculty of Medicine and Health Sciences of McGill University has received the report from the *Service d'évaluation des risques de transmission d'infections hématogènes* (SERTIH) regarding myself.

If I have not already done so, I agree to inform the *Collège des médecins du Québec* as well as to the SERTIH that I am a carrier of a blood-borne infection.

I agree that the clinical course and/or site directors be notified, as determined necessary by the Associate Dean, UGME, of the fact that I have a blood-borne infection, along with the SERTIH recommendations specific to my case. I understand that these clinical course/and or site directors may disclose this information to my supervisor as they judge necessary for patient and health-worker safety.

I understand that should the clinical course and/or site directors determine that following the recommendations of the SERTIH significantly altered my clinical training in a clinical course, the comments on the clinical assessment form will include a mention on the course's modification without disclosing that I carry a blood-borne infection.

I agree to follow the recommendations from the SERTIH regarding my specific case and to notify others as necessary, taking into account my professional responsibilities to my colleagues and patients. In particular, I will immediately notify my immediate supervisor and relevant infection control authorities in the event that my blood comes in contact with a patient's wound, damaged tissue, mucous membranes, or other similar entry point.

I agree to take the necessary steps with the SERTIH to validate the implication of my infection status on my choice of residency program.

Print Name

Signature

Date

Witness

Date