

Dear student,

Students participating in a work placement must have protection against **measles** and **varicella (chicken pox)**, either by vaccination or by the disease they have contracted, in accordance with section 48 of the Communicable Diseases Act. In addition, vaccination against **influenza** is required every year and against **pertussis (whooping cough)** every 5 years for those caring for children under 1 year of age. Vaccination of workers and students increases both patient and occupational safety.

Only for a special reason can an employer let an unvaccinated employee or student work on client and patient premises where patients or clients susceptible to serious consequences of communicable diseases are treated. These include all customer and patient facilities as well as patient transport. The requirement applies to those working mainly or repeatedly on these premises. Vaccinations are voluntary.

In addition, according to sections 55 and 56 of the Communicable Diseases Act, a statement is required ensuring that the person does not have respiratory tuberculosis or salmonella. The statement on respiratory tuberculosis is required of those working in social welfare or health care units and those caring for children under school age. The statement on salmonella is required of all food workers.

The student is responsible for acquiring their vaccination information and keeping their vaccinations up to date. The information can be found on your vaccination certificate. You can inquire about your vaccination information from the places where you have been vaccinated. You can inquire about the vaccinations you received at a child health clinic and at school from your previous school or student health care unit. You can inquire about the vaccinations you have received as an adult from your health centre or your occupational health care provider.

The questionnaire is used to identify vaccination coverage and risk factors for tuberculosis and salmonella infection. If any of the answers give reason to suspect an infectious disease, the need for further action in student health care is assessed. The student presents the questionnaire to the unit before the start of the traineeship. Presenting the questionnaire is voluntary, but failure to do so may prevent the student's traineeship.

A student who has symptoms cannot start or continue their work until the cause of the symptoms has been determined.

COMMUNICABLE DISEASES QUESTIONNAIRE FOR STUDENTS

Name: _____ Personal identity code: _____

Job title / student: _____ Phone number: _____

Group: _____

Tuberculosis risk assessment questionnaire

If you answer “yes” to any question, please contact student health care.

Risk factors that may have exposed you to tuberculosis	
Have you ever been diagnosed with tuberculosis? What year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been in close contact with a person with tuberculosis (e.g. those living in the same household, relatives, friends)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked in units caring for tuberculosis patients in any country? Where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of birth?	
Were you born or have you lived for at least 12 months in a country where TB is common? (See the list of countries on the website of the Finnish Institute for Health and Welfare, THL)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked in health care or been a patient for at least three (3) months continuously in a country where TB is common? (See the list of countries on the website of the Finnish Institute for Health and Welfare, THL) Where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you experienced the following symptoms?	
Continuous cough for more than 3 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coughing up mucus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coughing up blood	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fever for more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Night sweats for more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormal fatigue for more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight loss	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questionnaire on previous vaccinations or diseases

Primary vaccine under the national vaccination programme	Vaccinations	Disease
Measles (MPR vaccine) Measles vaccinations started in 1975, and the MPR vaccine has been administered to children at child health clinics since 1982. Those born before 1970 are assumed to have had the measles.	<input type="checkbox"/> I have received 2 doses of the vaccine <input type="checkbox"/> I have received 1 dose of the vaccine <input type="checkbox"/> I have not been vaccinated <input type="checkbox"/> I do not know	I have had the measles <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know
Varicella (chickenpox) vaccine About 95 % of Finns have had chickenpox by the age of 12. Child health clinics started vaccinating children against chickenpox in September 2017, so the working-age population has not received this vaccine as part of the vaccination programme.	<input type="checkbox"/> I have received 2 doses of the vaccine <input type="checkbox"/> I have received 1 dose of the vaccine <input type="checkbox"/> I have not been vaccinated <input type="checkbox"/> I do not know	I have had chickenpox <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know
Diphtheria, tetanus and pertussis (whooping cough) vaccine	Latest vaccination, year _____ <input type="checkbox"/> I do not know	
Influenza vaccine Annual vaccination	Latest vaccination, year _____ <input type="checkbox"/> I do not know	

Questionnaire about salmonella risk (only for food workers)

If you answer “yes” to any question, please contact student health care.

Salmonella risk factors	
Do you currently have diarrhoea, or have you had diarrhoea during the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone close to you been diagnosed with salmonella during the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the information above is correct.

Place and date:

Student's signature: