Infection safety survey among international exchange students in the social welfare and health care sector

This form is intended for international exchange students in the social welfare and health care sector in the Wellbeing Services County of Southwest Finland. FSHS (Finnish Student Health Service) is responsible for the survey among degree students.

Instructions for students
Please answer the questions and send the form to:
Tartuntatautien torjunnan yksikkö
Kunnallissairaalantie 20, rakennus 1G, 4 krs.
20700 Turku
Finland

Or as encrypted email to: sote.tartuntataudit@varha.fi

Last name Type text by clicking or tapping here.
First name Type text by clicking or tapping here.
Date of birth Type text by clicking or tapping here.
Home telephone number Type text by clicking or tapping here.
Email address Type text by clicking or tapping here.
Country of birth Type text by clicking or tapping here.
Country of residence Type text by clicking or tapping here.
Educational institution where you are studying in Finland Type text by clicking or tapping here.
Place of practical training Type text by clicking or tapping here.
Period of practical training Type text by clicking or tapping here.

1. Section 48 of the Communicable Diseases Act on vaccinations

Section 48 of the Communicable Diseases Act 1227/2016: For work in the client and patient facilities of social welfare and health care units, which are used for treating clients or patients who, based on medical assessment, are susceptible to severe consequences from communicable diseases, a person with inadequate protection from vaccination may only be used in exceptional circumstances.

A student must have:
1) protection against measles and chickenpox provided by vaccination or previous disease
2) protection against influenza provided by vaccination (if your practical training period is between November and February)
3) protection for infants against pertussis provided by vaccination.

Basic vaccination according to the national vaccination programme	**Protection from vaccination**	**Disease history**
MMR combination vaccination (measles-mumps-rubella) or MPR combination vaccination	Measles, vaccinated ☐ I have received 2 vaccines, dates _____ ☐ I have received 1 vaccine, date _____ ☐ I have not received vaccines ☐ I do not know	Measles, I have had the disease ☐ Yes ☐ No ☐ I do not know
Chickenpox vaccine	Chickenpox, vaccinated ☐ I have received the vaccine, date _____ ☐ I have not received the vaccine ☐ I do not know	Chickenpox, I have had the disease ☐ Yes ☐ No ☐ I do not know
Diphtheria-tetanus vaccine dt	☐ Most recent vaccine received, date _____ ☐ I do not know	
Tetanus-diphtheria-pertussis vaccine dtap	☐ Yes, I received the vaccine less than 5 years ago, date _____ ☐ I have not received the vaccine ☐ I do not know	
Influenza vaccine To be given annually	☐ Yes, I have received the vaccine, the most recent vaccine received on date _____ ☐ I have not received the vaccine	

	☐ I do not know	
Hepatitis B vaccination series or hepatitis A + B vaccination series	☐ I have received hepatitis B vaccines: date _____ date _____ date _____ ☐ I have not received the vaccine ☐ I do not know **Has the antibody level against hepatitis B been tested to be a protective level?** ☐ Yes ☐ No ☐ I do not know	Hepatitis B, I have had the disease ☐ Yes ☐ No ☐ I do not know
Polio vaccinations	I have received polio vaccinations: 1st, date _____ 2nd, date _____ 3rd, date _____ 4th, date _____ 5th, date _____	
Polio	Have you stayed in a country with a high polio risk* for more than 4 weeks? ☐ Yes ☐ No ☐ I do not know Is it more than 12 months since your most recent polio vaccination? ☐ Yes ☐ No ☐ I do not know	

* Countries with risk of polio

2. Section 55 of the Communicable Diseases Act on the control of respiratory tuberculosis

Communicable Diseases Act 1227/2016, Section 55: The employer must require a reliable statement from an employee ensuring that he or she does not have respiratory tuberculosis. Until a potential assessment of respiratory tuberculosis has been reviewed with the student/trainee, he or she may not:

• work in a social welfare or health care unit

• care for children under school age (early childhood education employees and trainees, among others). The goal is to prevent the spread of tuberculosis.

	Yes	**No**
Have you had tuberculosis before?	☐	☐
Have you had any of the symptoms described below in the past few weeks?		
Prolonged cough (more than 3 weeks), sputum or mucus with cough, blood with cough, abnormal night sweating, weight loss for no apparent reason, fever of unclear cause?	☐	☐
Do you have factors predisposing for pulmonary tuberculosis infection?		
Have you been in close contact with a person with pulmonary tuberculosis (e.g. people living in the same household, relatives, friends, colleagues)?	☐	☐
Have you treated tuberculosis patients?	☐	☐
Risks associated with living or working abroad*	**Country/countries**	
What is your country of birth?	Type text by clicking or tapping here.	
In which country or countries have you lived for at least 12 months?	Type text by clicking or tapping here.	

In which country or countries have you worked in health care for 3 months?	Type text by clicking or tapping here.

* Screening recommendations for tuberculosis by country

3. Risk of carrying bacteria that are resistant to antibiotics

	Yes	No
Have you ever been diagnosed with antibiotic-resistant bacteria (such as MRSA, VRE or CPE)?	☐	☐
Do you have chronic hand rash or wounds on your hands?	☐	☐
Additional question if you answered Yes to the previous question: Have you treated MRSA carriers in your previous employment in your home country or abroad?	☐	☐

If a student has symptoms suggesting pulmonary tuberculosis, the student must not start his or her practical training period until the cause of the symptoms has been determined. Even though this survey focuses on the present moment, if tuberculosis is suspected or if hand rash appears during the practical training, the student must contact the Unit for Combating Communicable Diseases or the contact person of the educational institution to examine the matter.

The communicable diseases nurse will check the answers you have given in the form and contact you. You will receive a statement of the health survey by encrypted e-mail or by getting the statement from: Tartuntatautien torjunnan yksikkö (Unit for Combating Communicable Diseases), Kunnallissairaalantie 20, building 1G, 4th floor, 20700 Turku.

If you have any questions, you can contact the communicable diseases nurse by e-mail at: sote.tartuntataudit@varha.fi.