



COMMUNICABLE DISEASE QUESTIONNAIRE (SELF-ASSESSMENT FORM) FOR STUDENTS

Name: _____ Personal identity code: _____

Study field: _____

Tel. _____

Practical training unit: _____

1. Communicable Diseases Act Section 48 concerning vaccinations

1.1. Questions about vaccination status and previous diseases

Basic vaccination according to the Finnish vaccination programme	Vaccination status	Previous disease
<p>1. Measles (MMR) vaccine Vaccinations against measles began in 1975 and MMR vaccinations at child health clinics in 1982. Those born prior to 1965 are considered to have had measles.</p>	<p>1a. Measles, vaccination status <input type="checkbox"/> I've been vaccinated twice <input type="checkbox"/> I've been vaccinated once <input type="checkbox"/> I haven't been vaccinated <input type="checkbox"/> I'm not sure</p>	<p>1b. Measles, previous disease <input type="checkbox"/> Yes, I've had measles <input type="checkbox"/> No, I haven't had measles <input type="checkbox"/> I'm not sure</p>
<p>2. Varicella (chickenpox) vaccine About 95% of the Finnish population gets chickenpox by the age of 12. Vaccinations against chickenpox began at child health clinics in September 2017, which means that adults haven't received varicella vaccines as part of the Finnish vaccination programme.</p>	<p>2a. <input type="checkbox"/> I've been vaccinated twice <input type="checkbox"/> I've been vaccinated once <input type="checkbox"/> I haven't been vaccinated <input type="checkbox"/> I'm not sure</p>	<p>2b. Varicella (chickenpox), previous disease <input type="checkbox"/> Yes, I've had chickenpox <input type="checkbox"/> No, I haven't had chickenpox <input type="checkbox"/> I'm not sure</p>
<p>3. Diphtheria-tetanus (dT) vaccine Given as a booster as part of the Finnish vaccination programme to those over 25 years and in injury cases.</p>	<p>3a. <input type="checkbox"/> Most recent vaccination in _____ [year] <input type="checkbox"/> I'm not sure</p>	
<p>4. Diphtheria-tetanus-whooping cough (dTAP) vaccine Given as a booster as part of the Finnish vaccination programme to those aged 14–15 and 25 and those working with children younger than 1 in healthcare and social welfare. Only valid for 5 years.</p>	<p>4a. <input type="checkbox"/> Yes, I've been vaccinated within the last 5 years, in _____ [year] <input type="checkbox"/> I haven't been vaccinated <input type="checkbox"/> I'm not sure</p>	
<p>5. Influenza (flu) vaccine Given annually.</p>	<p>5a. <input type="checkbox"/> Most recent vaccination in _____ [year] <input type="checkbox"/> I'm not sure</p>	



1.2. Are you protected?

If you answered **“I’ve been vaccinated twice”** to question 1a or **“Yes, I’ve had measles”** to question 1b, you’re protected against measles.

If you answered **“I’ve been vaccinated twice”** to question 2a or **“Yes, I’ve had chickenpox”** to question 2b, you’re protected against chickenpox.

If you answered **“Yes”** to question 4a, your protection against whooping cough meets the legal requirement.

Note that in question 5a, under the Communicable Diseases Act you are required to be vaccinated against influenza every year.

If you’re protected against measles and chickenpox and, if necessary, against whooping cough and you also get the annual influenza vaccine, you’re protected against these diseases as required by the Communicable Diseases Act. In this case, you can sign the self-assessment form and take it to your place of practical training as proof of your suitability.

If you aren’t fully protected or aren’t sure, contact the FSHS. If you’re unsure about being protected, it’s important to take any vaccines you may be missing to ensure full protection. There’s no harm in having an extra vaccination. You can only sign the self-assessment form after you’ve had any missing vaccinations. If you can’t be vaccinated for medical reasons, the FSHS will assess your situation and provide an assessment of your suitability for work or practical training.

2. Communicable Diseases Act Section 55 concerning pulmonary tuberculosis

2.1. Questions concerning the risk of tuberculosis (TB)

Do you have any symptoms associated with tuberculosis?

Persistent cough lasting for over 3 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coughing up mucous	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood in the mucous (sputum) being coughed up	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormal night sweats	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight loss without a reason	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unexplained fever	<input type="checkbox"/> Yes <input type="checkbox"/> No



Do any predisposing factors for contracting tuberculosis apply to you?

Were you born in Africa, Asia or Eastern Europe (Armenia, Georgia, Moldova, Romania, Ukraine, Belarus, Russia)?	___ Yes ___ No
Have you spent 12 months or longer in Africa, Asia or Eastern Europe (Armenia, Georgia, Moldova, Romania, Ukraine, Belarus, Russia)?	___ Yes ___ No
Have you worked for 3 months or longer in healthcare in Africa, Asia or Eastern Europe (Armenia, Georgia, Moldova, Romania, Ukraine, Belarus, Russia)?	___ Yes ___ No
Have you been involved in the care of patients with tuberculosis?	___ Yes ___ No
Have you been in close contact with a person with pulmonary tuberculosis (TB of the lungs)?	___ Yes ___ No
Have you had tuberculosis?	___ Yes. When and where were you treated? _____ ___ No

If you answered **“Yes”** to any of the questions, you’ll have to undergo a tuberculosis health check, including a chest x-ray, before you start practical training at a healthcare or social welfare unit or caring for children under school age. Contact your FSHS unit after the check to receive a signed form to show to your supervisor(s) at your place(s) of practical training.

NB. No check is required if your last assessment was completed less than 2 years previously, a chest x-ray was taken in Finland and documented, and there has been no new exposure to tuberculosis.

If you answered **“No”** to every question and you have no symptoms indicative of tuberculosis, you won’t have to undergo a tuberculosis health check. By signing the form, you certify that you are suitable for work and practical training duties as described in Section 55 of the Communicable Diseases Act. Show the signed form to your supervisor before your practical training starts.

Places of practical training are under a legal obligation to require a tuberculosis statement, and your practical training may be cancelled if your suitability can’t be confirmed.

I hereby certify that the information on the self-assessment form is correct and that I am suitable for practical training duties as described in Section 55 of the Communicable Diseases Act.

Place and date: _____



Student's signature and name in block capitals:

To be signed by a professional from student healthcare if, following completion of the self-assessment form, **student healthcare performed a health check, including a chest x-ray examination, and confirmed the student's suitability** for duties as described in Section 55 of the Communicable Diseases Act.

Place and date: _____

Signature of an FSHS employee (professional title and name in block capitals)

For more information about tuberculosis, visit

<https://thl.fi/fi/web/infektiotaudit-ja-rokotukset/taudit-ja-torjunta/maahanmuuttaneiden-terveyspalvelut-ja-tartuntatautien-ehkaisy/maahanmuuttaneet-ja-tartuntatautien-seulonta/maakohtainen-suositus-tartuntatautien-seulontaan>

<https://tuberkuloosi.fi/>

<https://tuberkuloosi.fi/se/>

<https://tuberkuloosi.fi/en/>