

(S102) Orthotics/Prosthetic Technician Program 2nd year Semester 3 & 4 students (Fall Term 2024) Prerequisite Health Form deadline: September 6, 2024

RETURNING STUDENT CHECKLIST & ACTION REQUIRED

Notice: If you are planning to continue your studies in this program, it is your **responsibility** to start and meet all the Preclinical Health Form requirements outlined below. This process will take **about 8 to 10 weeks** to complete, and you must have a "clear" police check record valid every six months. If you **fail** to complete, submit and upload these requirements to Placement Pass by ParaMed portal by the given deadline, you will be **excluded** from clinical practice which can jeopardize your academic standing & lead to program **withdrawal**. All costs, service fees and fine associated with the overall medical and additional requirements are responsibility of the student.

MEDICAL REQUIREMENTS (mandatory except Flu Shot)

Book an appointment with your doctor/Walk-In Clinic. Bring this health form to your appointment and advise your doctor to sign a your health form documents upon completion of all medical requirements. Please read all detailed instructions.	and stamp
Tetanus, Diphtheria & Pertussis (Tdap/ADACEL must be valid every 10 years) & attach yellow card/immunization record	
COVID-19 vaccine (strongly recommended)	
Seasonal Flu Shot (recommended every in November or December)	
☐ Measles, Mumps & Rubella (documentation of two doses of MMR vaccine OR laboratory evidence of immunity)	
☐ Varicella (documentation of two doses of Varivax vaccine OR laboratory evidence of immunity),	
Hepatitis B (ask your doctor to do blood test, ATTACH copies of blood test reports and all immunization records)	
Two Consecutive Step Tuberculosis Skin Test, (renew every year and must be valid from Sept 1, 2024 to April 18, 2025 year)	academic
☐ Yellow immunization card or any type of immunization records	
☐ Final signature of your doctor/physician and medical office stamp	
ADDITIONAL REQUIREMENTS (mandatory)	
Please read all detailed instructions Vulnerable Sector Check (renew every year and must be valid from Sept 1, 2024 to April 18, 2025 academic year) CPR Level (C) Certificate (renew every year and must be valid from Sept 1, 2024 to April 18, 2025 academic year) ParaMed Placement Pass Service Fees Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form PARAMED PLACEMENT PASS BY SERVICE FEES (rates are subject to change without further notice)	
Once you have everything completed, your final step is to create an account, submit and upload your Requisite Health Form doc the ParaMed Placement Pass portal at https://georgebrowncollege.placementpass.ca/ by the given deadline. All fees are resofthe student.	
(June 1, 2022 to May 31, 2025)	
 Initial Submission Fee - \$59.47 dollars (submission of health form, RN fee, archives & medical access online) Re-submission Fee (due to a Deficiency List Form) - \$26.10 dollars 	
CONTACT US	

Thursday to Friday (9:00 am-4:00 pm) at 200 King Street East, Main Building "A", 4th Floor, Room 401B, St. James Campus

Monday to Wednesday (9:00 am-4:00 pm) at 51 Dockside Drive, Room 702, 7th Floor, Waterfront campus,

Telephone: (416) 415-5000 ext. 3415 Email: smartinu@georgebrown.ca

Business Hours and Locations (Appointment only):



(S102) ORTHOTIC/PROSTHETIC TECHNICIAN PROGRAM 2nd YEAR PREREQUISITES FORM (FALL TERM 2024)

Name x	
GBC ID# X	
Tel x Email x	
Submission deadline: September 6, 2024	
MEDICAL REQUIREMENTS (mandatory except flu shot)	
(DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & STAMP) Ontario legislation specifies certain surveillance requirements for those individuals entering into healthcare practice settings. The Program policy developed in accordance with the Communicable Disease Surveillance protocols, as specified under the Ontario Public Health, OHA, OMA, LTC Ontario School Boards to demonstrate students' meet these requirements prior to entering placement settings. This process is necessary to ensist students protect their health and safety, and the health and safety of patients, children, seniors, employees and other vulnerable people. The conthis information is not optional, and all sections must be completed as outlined. Our placement agency partners have the right to refuse students not met their immunization standards. If, for medical reasons, your patient is unable to receive a required immunization or Chest X-ray, a medical exclusion must be provided on the form. Check out and watch our YouTube Tutorial Videos at https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w	AO and sure that our mpletion of who have
1. TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel vaccine must be valid every 10 years) attach a yellow card of immunization record.	or any
☐ Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix) booster/(mm/dd/yyyy)	
2. COVID-19 VACCINE (strongly recommended and attach proof of record)	
1st dose Given Date / / / (mm /dd/ yyyy)	
2nd dose Given Date//	
Proof of approved exemption status	
3. SEASONAL FLU SHOT (recommended in November/December and attach proof of record)	
Seasonal Flu Shot Given Date/(mm / dd / yyyy)	
Geasonal Flu Shot Given Date/(Inini / du / yyyy)	
4. MEASLES, MUMPS, RUBELLA (MMR) (Two doses vaccine OR laboratory evidence of immunity)	
Documentation of receipt of two doses of MMR vaccine on or after the 1 st birthday four weeks apart and attach a yellow proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for post immunization.	card or any 3 months
1 st Dose date/ mm/ dd / yyyy	
2 nd Dose date// mm/dd/yyyy	
mm/ dd / yyyy OR	
	4:
Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reac booster shot required. But, if the result is Non-immunity or Non-Reactive , you must provide two doses as per instruction a Serologic testing for immunity is not recommended after vaccination.	above.
5. VARICELLA (CHICKEN POX) (Two doses vaccine OR laboratory evidence of immunity)	
Documentation of receipt of two doses of Varivax vaccine on or after the 1 st birthday four weeks apart and attach a yellor any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided months post immunization.	
1 st Dose date/_/ mm/dd/yyyy	
2 nd Dose date// mm/ dd / yyyy OR	
Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reac booster shot required. But, if the result is Non-immunity or Non-Reactive, you must provide two doses as per instruction a Serologic testing for immunity is not recommended after vaccination.	
Final Signature of doctor/physician/health care professional(pg.	2)
	2)



Date (mm/dd/yyyy): ___

(S102) ORTH/PROS TECH-MEDICAL REQUIREMENTS (submission deadline on Sept 6, 2024) **NAME** x GBC ID# x 6. HEPATITIS B INSTRUCTIONS: All students must complete an initial "antibody immunity" laboratory blood test if previous Hep B vaccine was received. Ask your doctor to check the appropriate box, document the dates of any junior or adulthood vaccination record. Ask your doctor for a copy of laboratory blood test report and attach it on the form as outlined below. Initial Immune/Reactive/Positive (> 10 U/L) "Anti-HBs or HBsAb" blood test result: NO injections or doses required, attach a copy of lab blood test report and this is done. Initial Non-Immune/Non-Reactive/Negative/Low (>0 or <10 U/L) "Anti-HBs or HBsAb" blood test result: Student must proceed to Section A & B as outlined below: After the student has completed a new 2nd dose, they will be given a temporary clearance to proceed to dental/field/clinical practice. Student is expected to complete the series and provide update on vaccination record per academic year. Section A-Primary Series (doctor must document any proof of junior or adulthood vaccination record) 1st dose (mm/dd/yyyy) (mm/dd/yyy) 2nd dose 3rd dose (five months after 1st dose, repeat HBsAb lab test after four weeks) If the repeat HBsAb lab test result was "immune/reactive", it is done and attach a copy of lab test report. Section B-Second Series (doctor must document any proof of junior or adulthood vaccination record) 4th dose ___ (mm/ dd / yyyy) 5th dose (mm/ dd / yyyy) 6th dose (five months after 4th dose, repeat HBsAb lab test after four weeks) If the lab test result is still "non-immune/non-reactive", student status will be considered a "non-responder/exemption". Carrier lab test result: NO injections or doses required and attach copy of most recent "HBsAg-Antigen Positive" blood test report. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (read and follow all instruction below) Check out and watch our YouTube Tutorial Videos at https://www.youtube.com/channel/UCIQndxFUgeBVhjB3QKPQ91w All students must complete and provide proof of Two Consecutive Step-TB Skin Test and we will NOT accept a Chest X-ray report only. Failure to do Step 2 TB within 7-21 days after Step 1, you will need to redo both TB Skin Test again and extra fees will apply. If you have proof of previous Two Consecutive Step-TB Skin Test done in the past and the result was both "Negative", do annual Step 1-TB Skin Test. If you have proof of previous Two Consecutive Step-TB Skin Test and the result was "Positive", NO more annual TB Skin Test and your doctor needs to do annual physical exam and answer letters (A-F) below. If you had BCG vaccination it is NOT a contraindication for skin test, you are still required to provide proof and complete a Two Step-TB skin test. It is mandatory that your doctor/health care professional properly complete, sign & stamp all the information outlined below. NO exceptions! PREVIOUS YEAR: STEP 1 TB SKIN TEST (Date Read: 48-72 hours after date given) (Date Given: mm / dd / yyyy) (Induration size) (mm) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) (Date Read: 48-72 hours after date given) (Date Given on opposite arm: mm / dd / yyyy) (Induration size) (mm) **CURRENT YEAR: STEP 1 TB SKIN TEST** (Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm) CURRENT YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) (Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) TB SKIN TEST POSITIVE (+) WITH MORE THAN > 10 MM INDURATION SIZE DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW: Chest X-ray (if TB Positive only, ATTACH a copy of the X-ray report valid within 2 years) Result Date (mm/dd/yyyy) History of disease? Yes or No Date (mm/dd/yyyy) Prior history of BCG vaccination (need documentation? Yes or No Date (mm/dd/yyyy) Does this student have signs/symptoms of active TB on physical examination? Yes or No INH Prophylaxis (Treatment)? Date (mm/dd/yyyy) Yes or No Dosage Specialist (Public Health) Referred? Yes or No. Date (mm/dd/yyyy) ___

Final Signature of doctor/physician/health care professional:

Medical Office Stamp: _____ (pg. 3

(pg. 3)



(S102) 2nd YEAR ORTH/PROS TECH-ADDITIONAL REQUIREMENTS (submission deadline on September 6, 2024)

NAME x_	 GBCID# x

8. VULNERABLE SECTOR CHECK (renew every year)

Note: Your academic department requires that all students must have a "clear" vulnerable sector check valid for the academic year. Please attach the original police vulnerable sector check record and submit to ParaMed. If you are excluded from placement due to a "not clear" vulnerable sector check, it will jeopardize your academic standing and can lead to withdrawal. Please contact your Chair to discuss this matter before you register and pay for this program. All costs associated with the vulnerable sector check application and additional fees related to fingerprint, court documents and Record Suspension (formerly Pardon) process are responsibility and paid by the student. Check out and watch our YouTube Tutorial Videos at https://www.youtube.com/channel/UCIQndxFUgeBVhiB3QKPQ91w

Please read instructions below in how to apply for your police check according to your regional police service below: For students who reside in the Toronto region: If you need to apply for your VSC and you currently reside in the Toronto region with a postal code that starts with the letter M, follow these steps:

- 1. Contact Suzette Martinuzzi, Clinical Pre-placement Co-ordinator to request the VSC Organization Code.
- 2. Once you have the code, go to the Toronto Police Service website.
- 3. Scroll down to Vulnerable Sector Check, and read the information provided. Then scroll down to the Register for an Adult Police Record Check Account box and select the Fill Out Form button.
- 4. Complete the "Registration Account Information" and select the "Process My Registration" button. This creates your account. Now you must complete the six stages (Report, Documentation, Demographics, Payment Status, Authentication Status, and Application Status) of the VSC application. All six stages are mandatory.
- 5. On the Report Selection page, scroll down to the Vulnerable Sector Check table and choose the Unpaid Student Placement option. Then go to the Reason for the Police Record Check table and complete as follows:
 - under Course Name, type your course (or program) name
 - under VSC Organization Code, type in the code provided to you by the Clinical Pre-placement Co-ordinator
 - under Vulnerable Clientele Duties, type "To provide care, support, and guidance for the health and well-being of vulnerable persons from 1 to 99 years old"
 - where you have to list which vulnerable sectors you will be working with, type "Children, teenagers, elderly, seniors, and persons with physical and mental disability"
- 6. Finish answering the remaining stages. Note that payment for your online application must be provided by credit card only.
- 7. Once your submission has been finalized, Toronto Police Service will send you an email notification indicating when you will receive your VSC results to your email account. Processing times typically take 6 to 8 weeks from the date the application is received but may take longer due to volume of requests and/or time of year.

For students who currently reside in another region such as (<u>Durham, Halton, Hamilton, London, Niagara, Peel & York</u>) or other province. (If your Postal Code starts with the letter "K, L, N, P", or other province).

- Please check your specific regional police service website and they can take 8 to 10 weeks to process your application form.
- Please apply for vulnerable sector check as it needs to be valid in the academic year, for more details, visit <u>Police Vulnerable</u> <u>Sector Check website</u>.
- If you require a volunteer letter to pay for the student rate (except Peel region), please email us your full name, GBC ID#, program name and your regional police service complete address. For more details, visit Police Vulnerable Sector Check website

	Vulnerable Sector Check	
☐ Issued Date// mm/ dd / yyyy	Expiry Date// mm / dd / yyyy	_ (one year after the issued date)



NAME x

(S102) 2nd YEAR ORTH/PROS TECH-ADDITIONAL REQUIREMENTS (submission deadline on September 6, 2024)

GBCID# x

9	CPR LEVEL (C) CERTIFICATE (renew every year)
•	It is mandatory that you register for Basic Life Support certificate valid for the entire academic year. For the list of First Aid Approved Trainers, <u>click here</u> for more information or you can register at any First Aid Trainers available in your area. Please submit and upload your document to the Paramed portal. Please check the <u>Peak Excellence Shop</u> website for their Certificate Packages. Check out and watch our YouTube Tutorial Videos at https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w
	CPR LEVEL (C) Certificate
	☐ Issued Date// Expiry Date// (one year after the issued date) mm / dd / yyyy

FINAL STEP:

- Once you have everything completed, your final step is to create an account, submit and upload your Health Form documents to the ParaMed Placement Pass Service at https://georgebrowncollege.placementpass.ca/ by the given deadline.
- After 48 hours, you must log-in to your portal account to check the ParaMed RN evaluation result of your forms, download the Student Status Summary Report Certificate and attached it to your original health form documents, as you need to show this proof to your upcoming placement agency and for future reference.



George Brown College & ParaMed Agreement Form

ame x				
rogram: (S102) Orthotics/Prosthetic Tecl	nnician-2 nd year			
I <u>x</u> grounds for cancellation of admission.	(Print Name) understand that any false statement is			
I understand that the college has the right to cancel my admission privilege on the basis of medical informatio submitted or withheld. I understand that it is my responsibility to inform the appropriate George Brown Colleg personnel of any communicable disease, special need, exception or medical condition which may place me a risk to others at George Brown College or on placement.				
I will pay all the services fees and authorize	ParaMed to review the above information.			
<u>x</u> (Signature)	(Date)			
(Oignature)	(Duto)			
Element of Risk				
All experiential learning programs, such as field trips, clinical and field placements or job shadowing involve certain elements of risk. Injuries may occur while participating in this activity without any fault of the student, the placement or the college. By taking part in this activity, you are accepting the risk that you may be injured. Following the Health and Safety rules of your placement is required. By signing below you agree that you have reviewed the element of risk and are willing to comply with the Health and Safety Rules of your placement.				
	ed immediately to your supervisor and to your faculty. Completing and reporting any injury while participating in placement must take			
<u>x</u> (Signature)	(Date)			
ontact Us	(Date)			

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca Virtual Business Hours: 9:00 am to 3:30 pm, by appointment only

FREEDOM OF INFORMATION ANDPROTECTION OF INDIVIDUAL PRIVACY ACT

The personal information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, Chapter 272, Section 5, R.R.O. 1990, Regulation77 and the Public Hospital Act R.S.O.1980 Chapter 410, R.S.O. 1986, Regulations65 to 71 and in accordance with the requirements of the legal Agreement between the College and the agencies which provide clinical experience for students. The information is used to ensure the safety and wellbeing of students and clients in their care.