

Hello 2nd year S135 Office Admin Health Information Management students in Fall Term 2024!

- In preparation of any in-person field placement for upcoming 2nd year in Winter Term 2025, there are mandatory requirements that you will need to demonstrate completion of, prior to being assigned to a field placement. These preclinical requirements will take **8 to 10 weeks** to complete, and it is recommended that you provide enough time for the approval process.
- The Clinical Placement Office recommends that you begin gathering the necessary documentation now, to be able to submit them and provide enough time for the approval process.
- Once you have gathered all the necessary documents, you will need to create an account, upload and submit all documents and certificates to the ParaMed Placement Pass website at https://georgebrowncollege.placementpass.ca/ by the given deadline on October 31, 2024
- If you fail to complete, submit, and upload these requirements to ParaMed Placement Pass by the given deadline on October 31, 2024, you will be excluded from in-person placement which can jeopardize your academic standing & may lead to program withdrawal
- All costs, service fees and fines associated with the overall medical and additional requirements are the responsibility of the student.

Below is a summary of all requirements that must be provided in your submission. Please read and follow all the instructions carefully:

Medical Requirements

- All students must provide proof of current immunization records, blood test reports and health status. Book an appointment with your doctor/walk-in clinic and bring the Requisite Health form with you to document receipt of the following -TDAP, MMR, Varicella, Hep B, Two Step TB Skin Test, COVID-19 vaccine and Flu Shot requirements. For more information, visit https://www.georgebrown.ca/current-students/preplacement/forms/school-of-health-and-wellness-forms
- COVID-19 vaccination: Public Health Ontario recommends that people working with young children and other vulnerable communities be fully vaccinated against COVID-19. As such, students who are not fully vaccinated against COVID-19 may not be able to complete the required field placement component of their program in the regularly scheduled time frame.
- If you are unvaccinated to COVID-19, please contact us asap, as we need to set up a meeting with the Academic
 Coordinator to further discuss how this will have a negative impact to your academic and field placement standing in the
 program.
- Seasonal Flu Shot-please do not worry about the flu shot at this time, if you have everything completed except your new flu
 shot record, you may submit your health form documents to the Paramed portal by the given deadline.

Vulnerable Sector Check application process (renew every year)

- For students who currently reside in Toronto region with a postal code that starts with the letter "M": Please see the Toronto Police instruction sheet and apply online and it could take 6 to 8 weeks to process and receive your VSC record to your email account.
- For student who currently reside in another region such as (<u>Durham, Halton, Hamilton, London, Niagara, OPP, Peel & York</u>) or Out of
 Province. Please apply to your specific regional police service website and they will take 6 to 8 weeks to complete and receive your VSC
 record.
- If you have any history of criminal record or not clear VSC record, please contact us to further discuss how this will have a
 negative impact to your academic and clinical standing in the program.
- SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY: The Vulnerable Sector Check cannot be started until you are physically in Ontario, Canada. It is essential that you begin the process for the vulnerable sector check as soon as you arrive and have an official address in Ontario, Canada, because the process can take at least 2 to 3 months to receive the necessary vulnerable check.

Final Step: Once you have everything done and completed, your final step is to create an account, submit and upload your completed health form documents to the **ParaMed Placement Pass website** at https://georgebrowncollege.placementpass.ca/ by the given deadline.

(Paramed Service fees from June 1, 2022 to May 31, 2025)

- Initial Submission Fee-\$59.47 dollars (submission of health form, RN fee and medical records access online)
- Resubmission Fee (due to a Deficiency List Form) \$26.10 dollars

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

 Suzette Martinuzzi, Pre-placement Coordinator Clinical Placement Office, Center for Health Sciences George Brown College

51 Dockside Drive, Room 702, 7th Floor, Main Reception Desk

Waterfront campus, Toronto, ON, M5A 0B6 **Telephone**: (416) 415-5000 ext. 3415

Email: smartinu@georgebrown.ca

Business Hours:

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

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



(S135) Office Admin Health Services Program 2nd year Semester 3 & 4 students (Fall Term 2024) Prerequisites Form deadline: October 31, 2024

MEDICAL REQUIREMENTS CHECKLIST (mandatory)

Book an appointment with your doctor/Walk-In Clinic. Bring this health form to your appointment and advise your doctor to sign and stamp your health form documents upon completion of all medical requirements. Please read and follow all the instructions on this form. Public Health Ontario continues to recommend that people working with vulnerable communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements.

SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS: You must start all medical requirements from your home country to help you save time and money before you arrive in Canada (except the Flu shot which you can get it done here in Nov/Dec). Please book an appointment with your family doctor/physician from your home country and bring this health form with you and start working on the medical requirements over there. Please make sure that your doctor complete, sign and stamp this form and all the supporting medical documents are translated in English Language. If you fail to do so, you will pay all the extra medical costs and doctor's appointment here in Canada.

ggg	,
COVID-1	Diphtheria & Pertussis (Tdap/ADACEL must be valid every 10 years) & attach yellow card/immunization record- 19 vaccination (strongly recommended and attach proof of record)-attach proof of QR code 11 Flu Shot (strongly recommended)
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) Start Now
Two Con	secutive Step Tuberculosis Skin Test-ask the doctor to document the dates on the form
Yellow in	nmunization card or any type of immunization records
☐ Final sign	nature of your doctor/physician and medical office stamp
	ADDITIONAL REQUIREMENTS (mandatory)
pe started until you have an official add	OR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY: The Vulnerable sector check cannot are physically in Ontario, Canada. It is essential that you begin the process for the Vulnerable sector check as soon as you arrive and dress in Ontario, Canada, because the process can take at least 4 weeks to receive the necessary vulnerable sector check clearance we in Toronto region with a postal code that start with letter "M". Please contact me for more information.
☐ <u>Vulnera</u>	able Sector Check_ (renew every year)
_	ed 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 SERVICE FEE RATES

(Rates are subject to change without further notice)

Once you have everything done and completed, your final step is to create an account, submit and upload your completed health form documents to the ParaMed Placement Pass website at https://georgebrowncollege.placementpass.ca/ by the given deadline. If you fail to do so, you will be excluded from clinical practice which can jeopardize your academic standing & may lead to program withdrawal.

(June 1, 2022 to May 31, 2025)

- Initial Submission Fee \$59.47 dollars (submission of health form, RN fee, archives & medical access online)
- Resubmission Fee (due to a Deficiency List Form) \$26.10 dollars

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

Suzette Martinuzzi, Pre-placement Coordinator Center for Health Sciences George Brown College 51 Dockside Drive, Room 702, 7th Floor, Main Reception Desk

Waterfront campus, Toronto, ON, M5A 0B6 **Telephone**: (416) 415-5000 ext. 3415 **Email**: smartinu@georgebrown.ca

Business Hours: Monday-Wednesday (9:00 am to 4:00 pm) at 51 Dockside Drive, Room 702, 7th Floor, Waterfront campus Thursday-Friday (9:00 am to 4:00 pm) at 200 King Street East, Room 401B, 4th Floor, Main Building A, St. James campus



Date (mm/dd/yyyy):

(S135) OFFICE ADMIN HEALTH SERVICES PROGRAM 2nd YEAR STUDENT PREREQUISITE HEALTH FORM (FALLTERM 2024)

Name '	v	2 nd YEAR STUDENT PREREQUISITE HEALTH FORM (FALLTERM 2024)
GBC II	^)# x	
Email	Κ	
		leadline: October 31, 2024
with the C meet thes of patients placement	ommunicab e requireme s, children, s t agency pa	MEDICAL REQUIREMENTS (mandatory) (DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & STAMP) Decifies certain surveillance requirements for those individuals entering into healthcare practice settings. The Program policy was developed in accordance ble Disease Surveillance protocols, as specified under the Ontario Public Health, OHA, OMA, LTCAO and Ontario School Boards to demonstrate students lents prior to entering placement settings. This process is necessary to ensure that our students protect their health and safety, and the health and safety seniors, employees and other vulnerable people. The completion of this information is not optional, and all sections must be completed as outlined. Our artners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your patient is unable to receive a require list X-ray, a medical note of this exclusion must be provided on the form.
Check	out	the YouTube Tutorial videos for all the Medical and Non-Medical requirements a
https://w	ww.youtu	tube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w
1.	immuniz	US, DIPHTHERIA & PERTUSSIS (Tdap/Adacel/Boostrix vaccine must be valid every 10 years) attach a yellow card or any zation record. Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix) booster/(mm/dd/yyyy)
2.	children a able to co	**19 VACCINATION (strongly recommended and attach proof of record) Public Health Ontario recommends that people working with young and other vulnerable communities be fully vaccinated against COVID-19. As such, students who are not fully vaccinated against COVID-19 may not be complete the required field placement component of their program in the regularly scheduled time frame. 1st dose Given Date/(mm/dd/yyyy) 2nd dose Given Date/(mm/dd/yyyy) Proof of approved exemption status
3.	SEASON	NAL FLU SHOT (strongly recommended in November or December and attach proof of record) (Note: Please do not worry about the
J.		at this time. If you have everything completed except the flu shot, you may submit this health form to the ParaMed portal by the given deadline)
		Seasonal Flu Shot Given Date/(mm / dd / yyyy)
4.	MEASLE	ES, MUMPS, RUBELLA (MMR) (Two doses vaccine OR laboratory evidence of immunity) Documentation of receipt of two doses of MMR vaccine on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.
		1 st Dose date/ (mm/ dd / yyy)
		2 nd Dose date/ (mm/ dd / yyy)
		(mm/ dd / yyy)
	OF	
		Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, no booster shot required. But, if the result is Non-immunity or Non-Reactive , you must provide two doses as per instruction above. Serologic testing for immunity is not recommended after vaccination.
5.	VARICE	ELLA (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 yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.
		1 st Dose date/ (mm/ dd / yyy)
		2 nd Dose date//
		2 nd Dose date// (mm/ dd / yyy)
	OF	
		Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, no booster shot required. But, if the result is Non-immunity or Non-Reactive , you must provide two doses as per instruction above. Serologic testing for immunity is not recommended after vaccination.
Final S	Signatu	re of doctor/physician/health care professional
	-9	(P 5 , 6)

Medical Office Stamp:

(pg. 3)



Date (mm/dd/yyyy):

	x	2ND YEAR S135 OAHS- MEDICAL REQUIREMENTS (submission deadline on October 31, 2024) GBC ID# x				
6.	vaccir	PATITIS B INSTRUCTIONS: All students must complete an initial "antibody immunity" laboratory blood test if previou ine was received. Ask your doctor to check the appropriate box, document the dates of any junior or adulthood vaccination reco 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" lab test result: NO injections or doses required, attact	ch 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" lab test result: Stude Section A & B as outlined below: After the student has completed a new 2 nd dose, they will be given a temporary proceed to dental/field/clinical practice. Student is expected to complete the series and provide update on vaccina					
		academic year. Section A-Primary Series (doctor must document any proof of junior or adulthood vaccination record)				
		 1st dose/(mm/ dd / yyyy) 2nd dose/(mm/ dd / yyyy) 				
		 3rd dose/(five months after 1st dose, repeat HBsAb lab test after fou 	r weeks)			
		If the repeat HBsAb lab test result was "immune/reactive", it is done and attach a copy of lab test report. If the repeat HBsAb lab test result was "non-immune," and reactive Reaction Reserved. If the repeat HBsAb lab test result was "non-immune," and reactive Reaction Reserved. If the repeat HBsAb lab test result was "non-immune," and reactive Reaction Reaction Reserved. If the repeat HBsAb lab test result was "manufactured Reactive Reaction Rea				
		If the repeat lab test result was "non-immune", proceed to Section B series below.				
		Section B-Second Series (doctor must document any proof of junior or adulthood vaccination record) • 4 th dose/(mm/ dd / yyyy)				
		 5th dose / (mm/ dd / vvvv) 				
		 6th dose/((five months after 4th dose, repeat HBsAb lab test after fou If the lab test result is still "non-immune/non-reactive", student status will be considered a "non-responder/ex 				
		Carrier lab test result: NO injections or doses required and attach copy of most recent "HBsAg-Antigen Positive" blood	-			
7.	TWO	report. D CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (please read and follow the instructions below)				
		 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", renew 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 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! 	to do ann			
		 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 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	to do ann			
	(Date	 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 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! 	to do ann			
	(Date	 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 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	to do ann			
		 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 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 Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm) 	to do ann			
		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 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 (Induration size) (mm) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1)	to do ann			
	(Date	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 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 PREVIOUS YEAR: STEP 1 TB SKIN TEST (Induration size) (mm) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)	to do ann			
	(Date	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 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	to do ann			
	(Date	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 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 (Induration size) (mm) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) CURRENT YEAR: STEP 1 TB SKIN TEST (Induration size) (mm) CURRENT YEAR: STEP 1 TB SKIN TEST (Induration size) (mm) CURRENT YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1)	to do ann			
	(Date	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 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 Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm) PREVIOUS YEAR: STEP 1 TB SKIN TEST (7-21 days after Step-1) Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm) CURRENT YEAR: STEP 1 TB SKIN TEST (Date Read: 48-72 hours after date given) (Induration size) (mm)	to do ann			
	(Date	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 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 The Given: mm / dd / yyyyy) (Date Read: 48-72 hours after date given) CURRENT YEAR: STEP 1 TB SKIN TEST The Given on opposite arm: mm / dd / yyyyy) (Date Read: 48-72 hours after date given) CURRENT YEAR: STEP 1 TB SKIN TEST The Given: mm / dd / yyyyy) (Date Read: 48-72 hours after date given) CURRENT YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) CURRENT YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) The Given on opposite arm: mm / dd / yyyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm) CURRENT YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) The Given on opposite arm: mm / dd / yyyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm) The SKIN TEST POSITIVE (+) WITH MORE THAN >10 MM INDURATION SIZE DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW:				
	(Date	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 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 PREVIOUS YEAR: STEP 2 TB SKIN TEST PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 1 TB SKIN TEST CURRENT YEAR: STEP 1 TB SKIN TEST CURRENT YEAR: STEP 1 TB SKIN TEST PREVIOUS YEAR: STEP 2 TB SKIN TEST CURRENT YEAR: STEP 1 TB SKIN TEST CURRENT YEAR: STEP 1 TB SKIN TEST PREVIOUS YEAR: STEP 2 TB SKIN TEST CURRENT YEAR: STEP 2 TB SKIN TEST CURRENT YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) CURRENT YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days afte				
	(Date (Date a) (b) H	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 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 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. PREVIOUS YEAR: STEP 1 TB SKIN TEST 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. PREVIOUS YEAR: STEP 1 TB SKIN TEST 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 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 a TB SKIN TEST (Induration size) (mm) PREVIOUS YEAR: STEP 1 TB SKIN TEST (7-21 days after Step-1) (Induration size) (mm) CURRENT YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) (Induration size) (mm) CURRENT YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) (Induration size) (mm) CURRENT YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) (Induration size) (mm)				
	(Date (Date a) (b) H c) F	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 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 PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 1 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 1 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 1 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 1 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 1 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 1 TB SKIN TEST (7-21 days after Step-1) P				
	(Date (Date (Date a) (b) H c) H d) [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 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 PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 1 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 1 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 1 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 1 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) P				
	(Date (Date (Date (Date d) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	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 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 PREVIOUS YEAR: STEP 2 TB SKIN TEST PREVIOUS YEAR: STEP 2 TB SKIN TEST PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1) PREVIOUS YEAR: STEP 1 TB SKIN TEST PREVIOUS YEAR: STEP 2 TB SKIN TEST PREVIOUS YEAR: STEP 1 TB SKIN TEST PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1) PREVIOUS YEAR				

Medical Office Stamp:

(pg. 4)



2ND YEAR S135 OAHS STUDENT-ADDITIONAL REQUIREMENTS (Submission deadline on October 31, 2024)

NAME x	GBC ID# x

8. VULNERABLE SECTOR CHECK APPLICATION PROCESS (renew every year)

- Your academic department requires all students to have a "clear" vulnerable sector check valid for the academic year. Please attach the original vulnerable sector check record and submit to Placement Pass by 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. If you have any history of criminal record or not clear VSC record, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the 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 the YouTube Tutorial videos for all the Medical and Non-Medical requirements at https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w

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:
- 6. under Course Name, type your course (or program) name
- 7. under VSC Organization Code, type in the code provided to you by the Clinical Pre-placement Co-ordinator
- 8. 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"
- 9. 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"
- 10. Finish answering the remaining stages. Note that payment for your online application must be provided by credit card only.
- 11. 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 4 weeks from the date the application is received but may take longer due to volume of requests and/or time of year.

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

- 1. Please check your specific regional police service website and they only take 4 to 6 weeks to process and issue your vulnerable sector check, with exception to Niagara region which takes 8 to 10 weeks to process.
- 2. 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 business address. For more details, visit Vulnerable Sector Check website.
- If you do not receive your VSC after 4 weeks, it is your responsibility to contact and follow-up with your specific Regional Police Service.

VULNI	ERABLE SECTOR CHECK	
	(renew every year)	
Issued Date//	Expiry Date//	(one year after the issued date)
mm/ dd / yyyy	mm/ dd / yyy	

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 by at https://georgebrowncollege.placementpass.ca/ by the given
 deadline. If you fail to do so, you will be excluded from clinical practice which can jeopardize your academic standing
 & may lead to program withdrawal.
- After 48 hours, you must sign-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

Name x	
Program: (S135) Office Admin	Health Services Management-2 nd year Fall 2024
I x_ grounds for cancellation of admiss	(Print Name) understand that any false statement is sion.
submitted or withheld. I understar personnel of any communicable of	the right to cancel my admission privilege on the basis of medical information and that it is my responsibility to inform the appropriate George Brown College disease, special need, exception or medical condition which may place me at orge Brown College or on placement.
I will pay all the services fees and	authorize ParaMed to review the above information.
<u>x</u>	(Date)
Element of Risk	
involve certain elements of risk the student, the placement or the may be injured. Following the He	Ims, such as field trips, clinical and field placements or job shadowing. Injuries may occur while participating in this activity without any fault of e college. By taking part in this activity, you are accepting the risk that you ealth and Safety rules of your placement is required. By signing below you the element of risk and are willing to comply with the Health and Safety
	be reported immediately to your supervisor and to your faculty. Completing d forms and reporting any injury while participating in placement must take ence.
<u>×</u> (Signature)	(Date)

Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca Virtual Business Hours: 8:00 am to 3:00 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.