

**Full-Time Program: (S404) RN Perinatal Intensive Care Nursing
New Non-Sponsored/Independent student only (Winter Term 2021)
Requisite Health Form Deadline: November 30, 2020**

NEW STUDENT CHECKLIST & ACTION REQUIRED

Notice: If you are **Non-Sponsored/Independent** student and will be doing **clinical at a different hospital**, it is your **main responsibility** to start & meet all the medical & additional health form requirements outlined below. This process will take **10 to 12 weeks** to complete and you must have a "clear" police check valid every year. If you **fail** to complete and submit these requirements by the given deadline to ParaMed, 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 the flu shot)

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. All costs, service fees and fine associated with the overall health form requirements are responsibility of the student. **Please read all detail instructions on pgs. 2 & 3**

- Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix vaccine valid every 10 years) & attach yellow card/immunization record **pg. 2**
- Seasonal Flu Shot (recommended every November or December) **pg. 2**
- Measles, Mumps, Rubella (MMR) (documentation of two doses **OR ATTACH** copy of your laboratory test reports) **pg. 2**
- Varicella (Chicken Pox) (documentation of two doses **OR ATTACH** copy of your laboratory test report) **pg. 2**
- Hepatitis B (ask your doctor for blood work, **ATTACH** copy of laboratory test report & immunization record) **pg. 3**
- Two Consecutive Step-Tuberculosis Skin Test (ask your doctor to document all TB Skin test dates given, dates read & induration) **pg. 3**
- Final Signature of doctor/physician and Medical Office stamp, **pg. 2 & 3**
- Yellow immunization card or any type of immunization records

ADDITIONAL REQUIREMENTS (mandatory, student pays)

Please apply for your police check and certificates below and bring all originals and one set of photocopies of your documents at your scheduled appointment with ParaMed Office. **Please read all detail instructions on pgs. 4-5**

- [Police Vulnerable Sector Check](#) (renew every year) **pg. 4**
- Neonatal Resuscitation card (renew every two years), **pg.**
- [BLS/ CPR Level \(HCP\) Certificate Card](#) (renew every two years) **pg. 4**
- [Mask Fit Test Certificate Card](#) (renew every two years) **pg. 4**
- ParaMed Office Appointment & Service Fees, **see below & pg. 4**
- Fill-out & complete all of the top sections with your name, ID#, program, issued/expiry dates and Agreement Form, **pgs. 2-5**

PARAMED SERVICE FEES & FINE (rates are subject to change, student pays)

Once you have everything done and completed, your **final step** is to **create an account and book an appointment** with ParaMed Office online at www.georgebrownhealth.ca by the given deadline. It is mandatory that you bring and submit all the originals, one set of photocopies of your forms and pay the Service Fees listed below at your scheduled appointment. Please **DO NOT** book or go to ParaMed Office with an **INCOMPLETE** form, otherwise you will be **charged a Returning Visit Fee**. ParaMed is a "Fragrance Free Zone", kindly **do not wear** any perfume, lotion or cologne at your appointment.

(June 1st, 2020 to May 31st, 2021)

- Standard Visit Fee - \$58.41 dollars (submission of health form, RN fee, archives & medical records access online)
- Returning Visit Fee (due to a Deficiency List Form) - \$25.59 dollars
- Cancelled or Missed Appointment Fine - \$58.41 dollars (without 24 hour notice)
- Mask Fit Test - \$44.43, Photocopy - \$3.00

CONTACT US

- Suzette Martinuzzi, Pre-placement Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca
- The Clinical Pre-placement Office Campus Locations:
- **(Mon-Wed)** 51 Dockside Drive, Room 702, 7th Floor, Waterfront Campus
- **(Thursday-Friday)** 200 King Street East, Room 401B, 4th Floor, Building "A", St. James Campus
- Business Hours: 8:00 am to 3:30 pm, by appointment only or visit [FT Program Pre-placement](#)

**FULL-TIME PROGRAM: (S404) RN PERINATAL INTENSIVE CARE NURSING
NEW NON-SPONSORED/INDEPENDENT STUDENT ONLY (WINTER TERM 2021)
REQUISITE HEALTH FORM**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

(ParaMed Official Stamp here)

Deadline: November 30, 2020

**MEDICAL REQUIREMENTS (mandatory except the Flu shot)
(TO COMPLETE, SIGN & STAMP BY DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL)**

Ontario legislation specifies certain surveillance requirements for those entering into healthcare practice settings. The Program policy was developed in accordance with the communicable disease surveillance protocols, specified under the Public Hospitals Act, to meet the requirements of our students' placement settings. This process is necessary to ensure that our students protect their health and safety, and the health and safety of patients, visitors, employees and other students. Other than the influenza vaccine, the completion of this information is not optional, and all sections must be completed as outlined. Our placement partners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your client is unable to receive a required immunization or Chest X-ray, a medical note of this exclusion must be provided on the form.

1. TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel/Boostrix valid every 10 years) & attach a yellow card/proof of immunization record.

Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel) Booster ____/____/____ (mm/dd/yyyy)

2. SEASONAL FLU SHOT (recommended every November/December)

- Influenza vaccines is available free of charge (except for International Students without an OHIP card) in the fall/winter either from your doctor's office/Walk-in Clinic/pharmacy. **Do not worry about the flu shot at this time; you may submit your completed Health Form documents to ParaMed without the flu shot record.** If you know or suspect that you have an **allergy to eggs** or other vaccination preservatives or components, please talk to your doctor/physician and ask for a **medical note** (fees apply) for us to give you an exemption. Students are encouraged to submit evidence of the vaccination in December. The influenza vaccine is mandatory for this program, if an outbreak occurs at an assigned agency and flu vaccine was not received, you may be denied access to the facility, thus jeopardizing the successful completion of your placement.

Seasonal Flu Shot Given Date ____/____/____ (mm / dd / yyyy) Health Care Professional Signature _____

3. 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 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.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd Dose date ____/____/____ (four weeks apart)
mm/ dd / yyyy

OR

- Laboratory evidence of immunity** and attach a copy of "Antibody IgG" blood test report valid **within five years**. 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.

4. VARICELLA (CHICKEN POX) (Two doses vaccine OR Laboratory evidence of immunity)

- Documentation of receipt of two doses of Varivax 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.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd Dose date ____/____/____ (four weeks apart)
mm/ dd / yyyy

OR

- Laboratory evidence of immunity** and attach a copy of "Antibody IgG" blood test report valid **within five years**. 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 Signature of doctor/physician/health care professional _____ *(both pgs. 2 & 3)*

Date (mm/dd/yyyy): _____ Medical Office Stamp: _____ *(both pgs. 2 & 3)*

NAME _____ GBC ID# _____

(S404 PICN) MEDICAL REQUIREMENTS (mandatory)

5. HEPATITIS B (doctor must check the appropriate box, attach a copy of laboratory evidence of immunity valid within 5 years and document all lifetime doses as outlined below)

- Immunity/Reactive/Positive lab test result (**Note:** NO injections required; it is mandatory that you ATTACH a copy of most recent **"Antibody IgG"** laboratory blood test report valid within 5 years)

- Non-Immunity/Non-Reactive/Negative/Low (>0 or <10) **"Antibody IgG"** laboratory blood test report, you must receive booster dose, as outlined below. Maximum of six Hep B doses in a lifetime.
 - 1st Dose date ____/____/____ (after four weeks, get a 2nd dose)
(mm/ dd / yyyy)

 - 2nd Dose date ____/____/____ (repeat another blood test after four-six weeks, if result change to Immunity or Reactive, no more booster shot required. But, if it still Non-immunity/Non-reactive, get 3rd dose below)

 - 3rd Dose date ____/____/____ (due in six month after 1st dose, repeat another blood test after four to six weeks and if result is still Non-Reactive/Negative, get a 4th dose below)

 - 4th Dose date ____/____/____ (after four weeks, get a 5th dose below)

 - 5th Dose date ____/____/____ (repeat blood test after four-six weeks, if result is Non-reactive/Negative, get the final 6th dose)

 - 6th Dose date ____/____/____ (repeat blood test after four-six weeks, if final result is still Non-immunity/Negative, student status will be considered Non-Responder/Exception)

- Carrier (**Note:** No injections required and ATTACH copy of most recent **"Antigen Positive"** blood test and notify the medical officer)

6. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (read and follow instructions below)

- ✓ First Timer-If you never had Two Consecutive Step-TB Skin Test done in a lifetime, it is mandatory that you complete and pay for Two Step-TB Skin Test.
- ✓ No Chest X-ray only-all students must 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 TB result was negative, you will need to redo both TB Skin Test again and extra fees will apply.
- ✓ Negative or less than (<10 mm)-If you have proof of previous Two Consecutive Step-TB Skin Test and the result was both "Negative", do annual Step 1-TB Skin Test.
- ✓ Positive or more than (> 10 mm)-If you have proof of previous Two Consecutive Step-TB Skin Test and the result was "Positive", NO more annual skin test or Chest X-ray required and your doctor needs to do annual physical exam and answer letters (A-F) below.
- ✓ BCG vaccination-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: STEP 1 TB SKIN TEST

_____/_____/_____/_____/_____/_____/_____ (Date Given mm / dd / yyyy) (Date Read-48-72 hours after date given mm / dd / yyyy) (Induration size) (mm)

PREVIOUS: 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) (Induration size) (mm)

CURRENT: STEP 1 TB SKIN TEST

_____/_____/_____/_____/_____/_____/_____ (Date Given mm / dd / yyyy) (Date Read (48-72 hours after date given mm / dd / yyyy)) (Induration size) (mm)

CURRENT: 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) (Induration size) (mm)

**TB SKIN TEST POSITIVE (+) WITH MORE THAN >10 MM INDURATION SIZE
DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW:**

- a) Chest X-ray (if TB Positive only, ATTACH a copy of the X-ray report valid within 4 years) Result _____ Date _____ (mm/dd/yyyy)
- b) History of disease? Yes or No Date (mm/dd/yyyy) _____
- c) Prior history of BCG vaccination (need documentation? Yes or No Date (mm/dd/yyyy) _____
- d) Does this student have signs/symptoms of active TB on physical examination? Yes or No _____
- e) INH Prophylaxis (Treatment)? Yes or No Date (mm/dd/yyyy) _____ Dosage _____
- f) Specialist (Public Health) Referred? Yes or No Date (mm/dd/yyyy) _____

Final Signature of doctor/physician/health care professional: _____ (both pgs. 2 & 3)

Date (mm/dd/yyyy): _____ Medical Office Stamp: _____ (both pgs. 2 & 3)

NAME x

GBC ID# x

(S404 PIC) NEW STUDENT REQUISITE HEALTH FORM
ADDITIONAL REQUIREMENTS (mandatory, student pays)

7. POLICE VULNERABLE SECTOR CHECK (renew every year)

Issued Date mm / dd / yyyy Expiry Date mm / dd / yyyy (one year after the issued date)

- Your academic program strongly and highly recommend that all students must have "Clear" police vulnerable sector check valid for the entire academic year from September 1st to April 30th. Please attach the original police vulnerable sector check result and submit it at your scheduled ParaMed appointment. If you have a "Not Clear" police check result, your faculty will exclude you from the Clinical/Field Practice course which will impact and jeopardize your academic standing and can lead to program withdrawal. All costs associated with the police check application and additional fees related to fingerprint, court documents and Record Suspension (formerly Pardon) process are responsibility and paid by the student.

Please read carefully the instructions in how to apply for your police check according to your regional police service;

For students who currently reside in Toronto region (with a postal code that starts with letter "M")

- To apply or renew your Toronto Police check, you must book an appointment to see Suzette Martinuzzi at 416-415-5000, ext. 3415 or smartinu@georgebrown.ca. Our office is located at 51 Dockside Drive, 7th Floor, Room 702, Waterfront campus
It is mandatory that you bring a money order/bank draft payment of \$20.00 dollars payable to Toronto Police Service and a government issued photo ID card at your scheduled appointment. (No other payment method is accepted)
Toronto Police Service will process and mail your police check result within six weeks or longer. It is your responsibility to make sure that you have this police check prior to your deadline. For more details, visit Police Vulnerable Sector Check website.
Please do not apply or pay at your local Toronto Police Station or any third party agency, as it will NOT be a valid police check. You must follow the instructions above.

For students who currently reside in another region such as (Durham, Halton, Hamilton, London, Peel & York) or other province

- If you live in another region such as (Durham, Halton, Hamilton, London, Peel & York) or other province, please apply directly at your specific regional police service and they can take two-four weeks to process your application form. Please make sure that your police check is valid for the entire academic year. For more details, visit Police Vulnerable Sector Check website.
If you require a volunteer letter in order to pay for the student rate, 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.

8. NEONATAL RESUSCITATION CERTIFICATE (renew every two years)

9. BASIC LIFE SUPPORT (BLS) or CPR LEVEL (HCP) CERTIFICATE CARD (renew every two years)

- It is mandatory that you register for Neonatal Resuscitation and CPR level (HCP) certificate (No Standard First Aid course required) and must be renewed every two years and valid for the entire academic year. NRP courses can be done at any certified regional organizations. For the list of First Aid Approved Trainers, click here for more information or you can register at any First Aid Trainers available in your area. No online CPR Training Certificate is accepted. It is mandatory that you have it done with a standard in-class format. Please bring your original certificate card and photocopies at your scheduled appointment with Paramed.

Neonatal Resuscitation Certificate Card

Issued Date mm / dd / yyyy Expiry Date mm / dd / yyyy (two years after the issued date)

BLS/CPR Level-HCP Certificate Card

Issued Date mm / dd / yyyy Expiry Date mm / dd / yyyy (two years after the issued date)

NAME x _____ GBC ID# x _____

10. MASK FIT TEST CERTIFICATE (renew every two years)

- ✓ ParaMed Office can do a **qualitative mask fit test** the same day as your scheduled appointment.
- ✓ All **male students** must be **clean-shaven** the same day as your scheduled appointment. No **facial hair** or **jewelry** that may interfere with the seal of the mask.
- ✓ Please **do not** eat, drink, smoke and chew gum one hour prior to your appointment.
- ✓ If you **suspect your pregnant or are pregnant, breastfeeding, have asthma symptoms or asthmatic and you cannot get the mask fit done**, please discuss with your doctor and request a **medical note (fees apply) to exempt** you from mask fit test.
- ✓ All nursing and dental students must be tested and fitted for an appropriate qualitative mask (respirator) in the event of flu (or other airborne/droplet) outbreak.
- ✓ If your upcoming placement agency, requires another specific mask manufacturer and model number aside from what you paid for at ParaMed. It is mandatory that you comply to the agency policy, get it done and pay again, in order to continue your placement with them.
- ✓ Certificate/card must clearly state the mask model, type, and size and always carry it during placement.

MASK FIT TEST CERTIFICATE

Issued Date _____ / _____ / _____ Expiry Date _____ / _____ / _____ (two years after the issued date)
 mm / dd / yyyy mm / dd / yyyy

11. PARAMED OFFICE APPOINTMENT & SERVICE FEES (student pay)

- ✓ Once you have everything done and completed, your **final step** is to **create an account and book an appointment** with ParaMed Office online at www.georgebrownhealth.ca by the given deadline.
- ✓ It is mandatory that you bring and submit all the originals, one set of photocopies of your forms and pay the Service Fees listed below at your scheduled appointment.
- ✓ Please **do not** book or go to ParaMed Office with an **incomplete** health form documents, otherwise you will **be charged a Returning Visit Fee**.
- ✓ ParaMed is a "**Fragrance Free Zone**", kindly **do not wear** any perfume, lotion or cologne at your appointment.

PARAMED SERVICE FEES & FINES

(June 1st, 2020 to May 31st, 2021, rates are subject to change without notice)

- Standard Visit Fee - \$58.41 dollars (submission of health form, RN fee, archives & medical records online)
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- Mask Fit Test - \$44.43, Photocopy - \$3.00

George Brown College & ParaMed Agreement Form
(Please complete & sign prior to ParaMed visit)

Name x _____

Program: (S404) Perinatal Intensive Care Nursing

I x _____ (Print Name) understand that any false statement is grounds for cancellation of admission.

I understand that the college has the right to cancel my admission privilege on the basis of medical information submitted or withheld. I understand that it is my responsibility to inform the appropriate George Brown College personnel of any communicable disease, special need, exception or medical condition which may place me at risk or pose 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.

x _____
(Student Signature) (Date)

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.

If an injury should occur, it must be reported immediately to your supervisor and to your faculty. Completing Workers Safety Insurance Board forms and reporting any injury while participating in placement must take place within **72 hours** of occurrence.

x _____
(Signature) (Date)

Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca

Clinical Pre-placement Office campus locations:

(Mon-Wed) 51 Dockside Drive, Room 702, 7th Floor, Waterfront Campus

(Thursday-Friday) 200 King Street East, Room 401B, 4th Floor, Building "A", St. James Campus

Business Hours: 8:00 am to 3:30 pm, by appointment only or visit [FT Program Pre-placement](#)

FREEDOM OF INFORMATION AND PROTECTION 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, Regulation 77 and the Public Hospital Act R.S.O. 1980 Chapter 410, R.S.O. 1986, Regulations 65 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.