

**Full-Time Program: (S118) Bachelor of Science in Nursing
New First Year: Semester 1 & 2 (Fall 2020)
Practice Requirement Record (PRR) deadline: November 2, 2020**

NEW STUDENT CHECKLIST & ACTION REQUIRED

Upon your **acceptance** in this program, it is your **responsibility** to start and meet all of the PRR requirements outlined below. This process will take you **10 to 12 weeks** to complete and you must have a “**clear**” police check record valid every year. If you **fail** to complete and submit these requirements to ParaMed 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)

Book an appointment with your family doctor/Walk-In Clinic, bring this PRR form at your appointment and advise your doctor to help you complete the medical requirements below, sign and stamp your Health Form documents. 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 valid every 10 years) & attach yellow card/proof of immunization record **pg. 2**
- Polio (Boostrix) and attach yellow card/proof of immunization record, **pg. 2**
- Seasonal Flu Shot (mandatory every November or December) **pg. 2**
- Measles, Mumps & Rubella (documentation of two doses of MMR vaccine **OR** laboratory evidence of immunity) **pg. 2**
- Varicella (documentation of two doses of Varivax vaccine **OR** laboratory evidence of immunity), **pg. 2**
- Hepatitis B (ask your doctor to do blood test, ATTACH a copy of laboratory test report and immunization record, see more information about Hep B Ontario vaccine shortage on **pg. 3**)
- Two Consecutive Step-Tuberculosis Skin Test (ask your doctor to document all TB Skin test dates given, dates read & induration result) **pg. 3**
- Final Signature of Doctor/Physician & Medical Office stamp-**pg. 2 & 3**
- Yellow immunization card or any type of immunization records

Additional Requirements (mandatory, student pay)

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 detailed instructions on pgs. 4-5**

- [Police Vulnerable Sector Check](#) (renew every six months, see application deadline dates per semester) **pg. 4**
- [CPR Level HCP/BLS Certificate Card](#) (renew every year) (**NO** Standard First Aid course required) **pg. 5**
- [Mask Fit Test Certificate Card](#) (renew every two years) **pg. 5**
- [ParaMed](#) Office Appointment & Service Fees, **see below & pg. 5**
- ParaMed and George Brown College Agreement Form, **pg. 6**

ParaMed Office Service Fees & Fine (rates are subject to change, 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** 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
- Clinical Pre-placement Office Business Hours and 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
- Monday to Friday, 8:00 am to 3:30 pm, by appointment only or visit [FT Program Pre-placement](#)

Full-Time Program: (S118) Bachelor of Science in Nursing New First Year-Practice Requirement Record Form (Fall 2020)

Name x _____
 GBC ID# x _____
 Tel x _____
 Email x _____

(ParaMed Official Stamp here)

PRR Deadline: November 2, 2020

MEDICAL REQUIREMENTS (Mandatory) (DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & STAMP)

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 valid every 10 years) & attach a yellow card/proof of immunization record

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

2. POLIO (once in a lifetime) & attach a yellow card/proof of immunization record

Date of last Polio booster ____/____/____ (mm/dd/yyyy)

3. SEASONAL FLU SHOT (mandatory every year in 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 _____

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 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 after 1st dose)
mm/ dd / yyyy

OR

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. 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 after 1st dose)
mm/ dd / yyyy

OR

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

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

NAME x _____ GBCID# x _____

**(S118 BScN) NEW FIRST YEAR PRR
ADDITIONAL REQUIREMENTS (Mandatory, student pay)**

8. POLICE VULNERABLE SECTOR CHECK (renew every six months)

Issued Date ____/____/____ Expiry Date ____/____/____ (six months after the issued date)
mm / dd / yyyy mm / dd / yyyy

Notice: Your academic department strongly and highly recommend that all students must have “clear” police check record valid for the entire academic year to avoid any issues and problems with this program. Please attach the original police vulnerable sector check record and submit it at your scheduled ParaMed appointment. If you are **excluded** from placement due to a “not clear” police check record, 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 police check application and additional fees related to fingerprint, court documents and Record Suspension (formerly Pardon) process are responsibility and paid by the student.

Toronto Police Service application process for students who currently reside in [Toronto region](#) (with a postal code that starts with letter “M”) during COVID19 pandemic and College closure:

- You must send an email request to Suzette Martinuzzi, Clinical Preplacement Coordinator at smartinu@georgebrown.ca with your Full name, GBC ID#, Program Name and Semester
- Once you received it in your email, you must download and print it in a **legal-size (8x14) paper only (NO other format or size accepted)**
- Fill out, complete and sign all the sections of the application form and make sure that your writing is clear and legible
- You must attach a **BANK DRAFT/MONEY ORDER PAYMENT OF \$20.00 DOLLARS PAYABLE TO TORONTO POLICE SERVICE**. Please keep your bank receipt as your proof of payment. **(NO other payment method accepted)**
- Due to COVID19 pandemic and College closure, we are unable to mail and process it on your behalf. Therefore, you must mail your Toronto Police form and payment directly to their **address** below **after September 21, 2020, as it needs to be valid within 6 months until the end of your academic year in April 2021.**
 - **Records Management Services, Toronto Police Service**
 - **40 College Street, Toronto, ON M5G 2J3**

For students who currently reside in another region such as [Durham, Halton, Hamilton, OPP, Niagara Peel, York](#) and/or other province. Please apply for your police check after October 5th, 2020.

How do I apply during the COVID19 pandemic?

- Please check your specific regional police service website and they can take up to **2-4 weeks** to process your application, except for **Niagara and Halton region** which can take **6 to 8 weeks** to process.
- If you require a volunteer letter to get the student rate, please send us an email with your full name, ID#, program name and the complete address of your regional police service or for more information, click here **Police Vulnerable Sector Check**

What if I currently reside in another region mentioned above, when I should apply for my police vulnerable sector check?

- **Semester 1 in Fall semester**-it will be after October 5th, 2020, as it needs to be valid within 6 months until the end of your academic year in April 2021.

George Brown College & ParaMed Agreement Form
(Complete prior to your ParaMed appointment)

Name x _____

Program: S118 BScN Collaborative Nursing-First Year

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 _____
(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.