

(C112) Personal Support Worker (Spring Term 2026)
Returning Semester 2 students
Renewal Form deadline: March 27, 2026

RETURNING STUDENT CHECKLIST & ACTION REQUIRED

It is your **responsibility** to start and meet all the health form requirements outlined below. This process will take **about 8 weeks** to complete, and you must have a “clear” vulnerable sector check record valid every year. If you **fail** to complete, submit, and upload these requirements to ParaMed 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 fines associated with the overall medical and additional requirements are responsibility of the student.

MEDICAL REQUIREMENTS

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 all detail instructions on pgs. 2 & 3**

- Seasonal Flu Shot (*Strongly recommended in November or December and attach proof of record*)
- Step 1-Tuberculosis Skin Test (*renew every year and valid for the duration of Semester 2 clinical practice from January to April 2026*)
- Final signature of your doctor/physician and medical office stamp

ADDITIONAL REQUIREMENTS

Please read all detailed instructions on pages 4-5

- Vulnerable Sector Check (*renew every year and valid for the duration of Semester 2 clinical practice from January to April 2026*)
- Basic Life Support certificate (*renew every year and valid for the duration of Semester 2 clinical practice from January to April 2026*)
- Paramed Placement Pass Service Fees, **see below**
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form

PARAMED PLACEMENT PASS SERVICE FEES (rates are subject to change, student pays)

Once you have everything completed, your final step is to create an account, submit and upload your completed Renewal Health Form documents to the **Placement Pass by ParaMed portal** at [Placement Pass website](#) by the given deadline.

(effective September 1, 2024)

- 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

CONTACT US

- **Suzette Martinuzzi**, Pre-placement Coordinator
Telephone: (416) 415-5000 ext. 3415
Email: CPOHealthForm@georgebrown.ca
Business Hours and Locations
Monday to Friday (9:00 am-4:00 pm)
by appointment only

TEMPORARY MEDICAL EXCEPTION TO YOUR PARAMED ACCOUNT
(Due date: March 27, 2026)

NAME x _____ GBCID# x _____

3. **Did you receive a Temporary Medical Exception from your last submission to your ParaMed Placement Pass account? If so, go to Section A. If not, go to Section B.**

➤ **Section A)**

Please Sign-in to your ParaMed Placement Pass account and check your Student Status Summary report for any **COMMENTS** that ParaMed has listed for you.

Please show your doctor your old health form documents or the Student Status Summary report, complete any of the outstanding booster or repeat blood test and have them fill-out and complete this part of the form.

If you **FAIL** to provide any updates your Temporary Exception will expire, and they will mark you as **NOT CLEAR** and you will be **EXCLUDED** from clinical or field or dental practice.

- Tetanus, Diphtheria & Pertussis (TDAP/Adacel valid every 10 years)

dose date: ____/____/____(mm/dd/yyyy)

- Measles, Mumps & Rubella (MMR)

outstanding dose date: ____/____/____(mm/dd/yyyy)

OR

outstanding copy of repeat laboratory blood test report

- Varicella (Chicken Pox)

outstanding dose date: ____/____/____(mm/dd/yyyy)

OR

outstanding copy of repeat laboratory blood test report

- Hepatitis B

outstanding booster shot dose date: ____/____/____(mm/dd/yyyy)

OR

outstanding copy of repeat laboratory blood test report, 4-6 weeks from your last dose

➤ **Section B)** If you already received a **ParaMed Clear Certificate** from your previous health form document, please **disregard this page 3** and there is no need for your doctor to fill-out this form or redo any of the medical requirements given above.

George Brown Polytechnic & ParaMed Agreement Form

Name x _____

Program: (C112) PSW Returning Sem 2- Spring Term 2026

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

I understand that the Polytechnic 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 Polytechnic 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 Polytechnic 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 Polytechnic. 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 CPOHealthForm@georgebrown.ca
Virtual Business Hours: 9:00 am to 3:30 pm, by appointment only

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT

The personal information on this form is collected under the legal authority of the Polytechnic s 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 Polytechnic 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.



Consent Form for Use and Disclosure of Student Information

Student Number: _____ Educational Program: C112 PSW Sem 2-Spring 2026

First Name: _____ Last Name: _____

1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize your educational Program _____ to:

- Collect, use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practical, fieldwork, or preceptorship) as required by your educational program.
• Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students.
• Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

2. Consent Period

This consent is effective immediately and shall remain valid for up to six years or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

3. Your Rights with Respect to This Consent

- 3.1 Right to Refuse Consent - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.
3.2 Right to Review Privacy & Security Policies - A copy of the document entitled Identified Purposes and Handling of Personal Information in HSPnet, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form.
3.3 Right to Request Restrictions on Use/Disclosure - You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience.
3.4 Right to Revoke Consent - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program.
3.5 Right to Receive a Copy of This Consent Form - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit hspanada.net

I hereby authorize my educational Program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.

Signature of Student _____

Date (MM/DD/YYYY) _____