

**(C112) Personal Support Worker (Winter Term 2026)**  
**Returning Semester 2 students**  
**Renewal Form deadline: November 28, 2025**

**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**

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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 (*mandatory 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**

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**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)**

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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 <https://georgebrowncollege.requisite.ca/> 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**

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

**(C112) PERSONAL SUPPORT WORKER PROGRAM  
RETURNING SEMESTER 2-RENEWAL HEALTH FORM (WINTER 2026)**

Name x \_\_\_\_\_

GBC ID# x \_\_\_\_\_

Tel x \_\_\_\_\_

Email x \_\_\_\_\_

ParaMed due date: **November 28, 2025**

**MEDICAL REQUIREMENTS**

**(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 Ontario Public Health, Ontario Hospital Association and Long Term Care Association to demonstrate students meet these requirements prior to entering 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. **SEASONAL FLU SHOT** (mandatory every November/December and attach proof of record)

Seasonal Flu Shot Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm/dd/yyyy)

2. **STEP 1-TUBERCULOSIS SKIN TEST** (renew every year and valid for the duration of Semester 2 clinical practice from January to April 2026)

- **Negative (-) (less than < 10 mm induration)** If your previous Two Consecutive Step-TB Skin Test results was both "Negative with less than (< 10 mm)" induration from last year, please ask your doctor to renew your Step 1-TB Skin Test only and document it below.
- **Positive (+) (more than > 10 mm induration)** If your previous TB Skin Test result was "Positive with (over > 10 mm induration) from last year, you are **NO longer** required to do anymore TB Skin Test or Chest X-ray again. Please advise your doctor to do annual TB physical examination and must complete letters (A-F) below. No Exceptions!

**STEP 1-TB SKIN TEST**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Given Date: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration Size) (mm)

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

- a) **Chest X-ray (attach a copy of the Chest X-ray report valid every four years)** Result \_\_\_\_\_ Date \_\_\_\_\_(mm/dd/yyyy)
- b) History of disease? Yes or No \_\_\_\_\_ Date (mm /dd/ yyyy) \_\_\_\_\_
- c) Prior history of BCG vaccination? 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** \_\_\_\_\_ **(pg. 2)**

**Date (mm/dd/yyyy)** \_\_\_\_\_ **Medical Office Stamp** \_\_\_\_\_ **(pg. 2)**

**TEMPORARY MEDICAL EXCEPTION TO YOUR PARAMED ACCOUNT**  
**(Due date: November 28, 2025)**

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.







## Consent Form for Use and Disclosure of Student Information

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Student Number: \_\_\_\_\_ Educational Program: C112 PSW Sem 2-Winter 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. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.
- 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. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security Policies may be amended from time to time, and you may obtain an updated copy by contacting [privacy@hspcanada.net](mailto:privacy@hspcanada.net).
- 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. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and receiving agency.
- 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. Note that your revocation of this consent, or the voiding of this consent upon your completion or withdrawal from the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.
- 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 <https://hspcanada.net/privacy-and-security/>

*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)