

Welcome New First Year (C112) Personal Support Worker students in Fall 2026!

- In preparation of any in-person clinical placement, there are mandatory requirements that you will need to demonstrate completion of, prior to being assigned to a clinical placement. These preclinical requirements could take up to **8 to 10 weeks** to complete, and it is recommended that you 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, certificates and evidence to the ParaMed Placement Pass by the **given deadline on November 20, 2026**. A link to the portal can be found at [Placement Pass Website](#)
- If you **fail** to complete, submit, and upload these requirements to ParaMed Placement Pass portal by the **given deadline on November 20, 2026**, you will be **excluded** from clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- Please **note** that even if you have graduated from another Health Sciences program either in George Brown Polytechnic or from another Polytechnic, university or institution **and/or** have experience working in any health-related profession, you are still required to complete all the non-medical certificates below. If you **fail** to do so, you will be **excluded** from clinical field practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- Please **budget accordingly** as all costs, service fees and fines associated with the Health Form 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 and Flu Shot requirements. For more information, visit [Medical Requirements Process](#)
- **COVID-19 three doses vaccination:** 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. If you are **unvaccinated to COVID-19**, please contact us to further discuss how this will have a negative impact to your academic and clinical 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.
- **SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS:** You may 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 all the medical requirements 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.

Vulnerable Sector Check (start applying on July 7, 2026 and must be valid each year from Sept 2026-April 2027)

- **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 **8 to 10 weeks** to process and receive your VSC record to your email account.
- **For student who currently reside in another region such as (Durham , Halton, Hamilton, London, Niagara, Peel & York) or out of province.,** please apply at your specific regional police service website.
- 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.

Standard First Aid with CPR level C (must be valid every three years) & Basic Life Support Certificate (must be valid every year for Sem 2 January to April 2027)

- All students must have a current SFA & BLS certificate to participate in practicum. It is mandatory that you register either in-person or blended format training class. You can check either [Peak Excellence Shop](#), [Critical Care Sim Institute](#) or [VitalCPR](#) or [SOS First Aid websites](#) or [Workplace Safety and Insurance Board \(WSIB\) approved First Aid Training](#) for the list of Ontario WSIB Approved First Aid Trainers available in your area.
- Please **do not** register to any company that offers these courses 100% fully online, we will not accept these types of certificates. We would advise you to retake this course with another company that offers it either hybrid or in person and you will have to pay again. All costs and service fees are the responsibility of the student. Please submit and upload your official certificate to your ParaMed Placement Pass account and attach it on the health form. (**NO temporary certificate accepted**).

Mask Fit Test 3M N95 Certificate (must be valid every two years for Semester 2 from January to April 2027)

- All students must have a valid mask fit test certificate. We will accept your mask fit test certificate either from your workplace or other agency if it is valid within 2 years. If you need to complete this step, please book your mask fit testing at **Critical Care Sim Institute and Peak Excellence Shop** and check their Certificate Packages or go to other third-party agency.

Final Step: Once you have everything completed and done and officially registered to your Stu-View account, your final step is to create an account, submit and upload your completed health form documents to the [ParaMed Placement Pass website](#) by the given deadline.

(Service fees effective on September 1, 2025)

- Initial Clearance Fee-\$73.45 dollars (tax included, student will pay and it is non-refundable)
- Subsequent Clearance Fee-\$36.73 dollars (tax included, student will pay and it is non-refundable)

CONTACT US:

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

(C112) Personal Support Worker (Fall Term 2026)

New First year students: Semester 1 & 2

Due date: November 20, 2026

MEDICAL REQUIREMENTS CHECKLIST (mandatory)

(Please **budget accordingly** as all costs, service fees and fines associated with the Health Form requirements are the responsibility of the student)

- Tetanus, Diphtheria & Pertussis vaccine (Tdap/Adacel vaccine must be valid every 10 years)
- COVID-19 vaccination (strongly encourage and attach proof of record)
- Seasonal Flu Shot (strongly recommended every year in November or December)
- 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)
- Two Consecutive Step Tuberculosis Skin Test (**Note:** start this process after Sept 1, 2026 and valid each year)
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

NON-MEDICAL REQUIREMENTS CHECKLIST (mandatory)

- [Vulnerable Sector Check](#)-(start applying after July 6, 2026, must be valid for the duration of clinical from Sept 2026-Apr 2027)
- [Standard First Aid with CPR level C Certificate](#) (must be valid every three years for the duration of clinical from Sept 2026-Apr 2027)
- [Basic Life Support Certificate](#) (must be valid each year for the duration of clinical from Sept 2026-Apr 2027)
- [Mask Fit Test 3M N95 Certificate](#) (must be valid every two years for the duration of clinical from Sept 2026-Apr 2027)
- 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 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](#) 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**.

(Service fees effective on September 1, 2025)

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CONTACT US

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(C112) PERSONAL SUPPORT WORKER PROGRAM
NEW FIRST YEAR PREREQUISITE HEALTH FORM (FALL TERM 2026)

Name x _____
GBP ID# x _____
 Tel x _____
 Email x _____
 Due date: **November 20, 2026**

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 Public Health Ontario, OHA, OMA and LTCAO 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, children, seniors, employees and other vulnerable people. The completion of this information is not optional, and all sections must be completed as outlined. Our placement agency partners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your patient is unable to receive the required immunization or Chest 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 at [here](#).*

SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS: You may 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 all 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.

1. **TETANUS, DIPHTHERIA & PERTUSSIS (*Tdap/Adacel vaccine must be valid every 10 years*) attach a yellow card or any immunization record.**
 Date of last Tetanus, Diphtheria & Pertussis (*Tdap/Adacel*) booster ____/____/____ (mm/dd/yyyy)

2. **COVID-19 VACCINATION (*strongly encourage and attach proof of record*):** 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. If you are **unvaccinated to COVID-19**, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program.
 1st dose Given Date ____/____/____ (mm/dd/yyyy)
 2nd dose Given Date ____/____/____ (mm/dd/yyyy)
 Proof of exemption

3. **SEASONAL FLU SHOT (*strongly recommended every year in November or December*) (Note: Please do not worry about the flu shot 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)**
 Given Date ____/____/____ (mm / dd / yyyy) (*attach proof of record*)

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 / yyy)

 2nd Dose date ____/____/____ (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 ____/____/____ (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 _____ **(pg. 3)**

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ **(pg. 3)**

George Brown Polytechnic & ParaMed Agreement Form

Name _____

Program (C112) Personal Support Worker-First year Fall 2026

I _____ (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.

 (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.

 (Signature) (Date)

Contact Us

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

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT

The personal information on this form is collected under the legal authority of the Polytechnics 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-Fall 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 withdrawals all 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@hspanada.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 the restrictions 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 [HSPnet - Home](#)

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)