Welcome New First Year (C112) Personal Support Worker students in Winter 2027!

- 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 March 26, 2027**. A link to the portal can be found at ParaMed Placement Pass
- If you **fail** to complete, submit, and upload these requirements to ParaMed Placement Pass portal by the **given deadline on March 26, 2027,** 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 requirement outlined below. If you **fail** to do so, you will be **excluded** from clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- All costs, service fees and fines associated with the overall medical and additional 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 health form with you to document receipt of the following -TDAP, MMR, Varicella, Hep B, Two Step TB Skin Test and Flu Shot requirements.
- **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.
- **IF YOU ARE EXPECTING OR PREGNANT,** please talk to your doctor about the medical requirements and you must contact us as this may impact 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 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.

Vulnerable Sector Check ***(must be valid each year for the entire duration of Semester 2 clinical practice from May-August 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 students who currently reside in another region such as (Durham , Halton, Hamilton, London, Niagara, Peel & York) or Out of Province. (If your Postal Code starts with the letter "K, L, N, P", or Out of Province).** *If you have any* ***history of criminal record****, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program.*

Intermediate First Aid with CPR C ***(must be valid every three years)*** **& Basic Life Support Certificate** ***(must be valid each year for the entire duration of Sem 2 clinical practice from May-August 2027)***

- All students must have a current SFA & BLS certificate to participate in practicum. If you live in Toronto region, you may register for this course at **Critical Care Sim Institute website at Critical Care Sim Institute** or at any WSIB Approved First Aid Trainers, for more information visit **WSIB Ontario page.**
- Please do not register for Emergency First Aid course, we will not accept it. No temporary certificate will be accepted.

Mask Fit Test 3M N95 Certificate ***(must be valid every two years for the entire duration of Sem 2 clinical practice from May-August 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 website at Critical Care Sim Institute** 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** at **Preplacement website** by the given deadline.

(Service fees effective on September 1, 2026)

- Initial Clearance Fee-$73.45 dollars tax included (unlimited document uploads until you received your first clearance, 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-Friday (9:00 am-4:00 pm)
  by appointment only

(C112) Personal Support Worker (Winter Term 2027)
New First year students: Semester 1 & 2
Due Date: March 26, 2027

MEDICAL REQUIREMENTS CHECKLIST (Mandatory)

- ❑ Tetanus, Diphtheria & Pertussis vaccine (Tdap/Adacel *vaccine must be valid every 10 years)*
- ❑ COVID-19 three doses vaccination *(strongly recommended 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 *(must be valid each year for the entire duration of Sem 2 clinical from May-Aug 2027)*
- ❑ 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 (*must be valid each year for the entire duration of Sem 2 from May to August 2027)*
- ❑ Intermediate First Aid Certificate (*must be valid every three years for the entire duration of Sem 2 from May to August 2027)*
- ❑ Basic Life Support Certificate (*must be valid each year for the entire duration of Sem 2 from May to August 2027)*
- ❑ Mask Fit Test 3M N95 Certificate (*must be valid every two years for the entire duration of Sem 2 from May to Aug 2027)*
- ❑ Paramed Placement Pass Service Fees
- ❑ 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, 2026)

- Initial Clearance Fee-$73.45 dollars included (unlimited document uploads until you received your first clearance, student will pay, and it is non-refundable)
- Subsequent Clearance Fee-$36.73 dollars tax included per academic year (due to medical deficiency/incomplete requirements from your last upload. Students 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 PROGRAM
NEW FIRST YEAR PREREQUISITE HEALTH FORM (WINTER TERM 2027)

Name x_____
GBP ID# x_____
Tel x_____
Email x_____
Due Date: **March 26, 2027**

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. **IF YOU ARE EXPECTING OR PREGNANT,** please talk to your doctor about the medical requirements and you must contact us as this may impact your academic and clinical standing in the program.

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. Check out the **YouTube tutorial videos** for all the Medical and Non-Medical requirements at **George Brown College Clinical Placement Office**.

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 recommended 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 on your academic and clinical standing in the program.**
   - ❑ 1st dose *Given Date*_____/_____/_____*(mm/dd/yyyy)*
   - ❑ 2nd dose *Given Date*_____/_____/_____ *(mm/dd/yyyy)*
   - ❑ 3rd dose *Given Date*_____/_____/_____*(mm/dd/yyyy)*

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 / 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.*

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)***

(C112) PERSONAL SUPPORT WORKER-MEDICAL REQUIREMENTS (Due date: March 26, 2027)

NAME x_____ **GBP ID#** x_____

6. **HEPATITIS B INTRUCTIONS:** All students must complete an **initial "antibody immunity" laboratory blood test** if previous Hep B vaccine was received. Ask your doctor to check the appropriate box, document the dates of any junior or adulthood vaccination record**.** Ask your doctor for a copy of the laboratory blood test report and attach it on the form as outlined below. Check out the **YouTube tutorial videos** for all the medical requirements at George Brown College Clinical Placement Office

   ❑ **Initial Immune/Reactive/Positive (> 10 U/L) "Anti-HBs or HBsAb" lab test result: NO** injections or doses required, attach a copy of lab blood test report and this is done.

   ❑ **Initial Non-Immune/Non-Reactive/Negative/Low (>0 or <10 U/L) "Anti-HBs or HBsAb" lab test result:** Student must proceed to Section A & B as outlined below: After the student has completed a 2nd dose, they will be given a temporary clearance to proceed to dental/field/clinical practice. Student is expected to complete the series and provide update on vaccination record per academic year.

   Section A-Primary Series (doctor must document any proof of junior or adulthood vaccination record)

   - 1st dose _____/_____/_____ (mm/ dd / yyyy)
   - 2nd dose _____/_____/_____ (mm/ dd / yyy)
   - 3rd dose _____/_____/_____ (five months after 1st dose, repeat HBsAb lab test after four weeks)
   - If the repeat HBsAb lab test result was **"immune/reactive",** it is done and attach a copy of lab test report.
   - If the repeat lab test result was **"non-immune", proceed to Section B series below.**

   Section B-Second Series (doctor must document any proof of junior or adulthood vaccination record)

   - 4th dose _____/_____/_____ (mm/ dd / yyyy)
   - 5th dose _____/_____/_____ (mm/ dd / yyyy)
   - 6th dose _____/_____/_____ (five months after 4th dose, repeat HBsAb lab test after four weeks)
   - If the lab test result is still **"non-immune/non-reactive",** student status will be considered a **"non-responder/exemption".**

   ❑ **Carrier lab test result: NO** injections or doses required and attach copy of most recent **"HBsAg-Antigen Positive"** blood test report

   ❑ **Is this student safe to attend their placement? Yes or No**

7. **TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST *(must be 7-21 days apart, read and follow instructions below)***
   Check out the YouTube tutorial videos for all the medical requirements at George Brown College Clinical Placement Office

   - *All students must complete and 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, you will need to redo both TB Skin Test again and extra fees will apply.
   - *If you have proof of previous Two Consecutive Step-TB Skin Test done in the past and the result was both **"Negative",** renew Step 1-TB Skin Test.*
   - *If you have proof of previous Two Consecutive Step-TB Skin Test and the result was **"Positive", NO** more annual TB Skin Test and your doctor needs to do annual physical exam and answer letters (A-F) below.*
   - *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.*
   - *It is mandatory that your doctor/health care professional properly complete, sign & stamp all the information outlined below**. NO** exceptions!*

PREVIOUS YEAR: STEP 1 TB SKIN TEST

_____/_____/_____

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

PREVIOUS YEAR: 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 YEAR: STEP 1 TB SKIN TEST

_____/_____/_____

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

CURRENT YEAR: 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-G) BELOW:

a) **Chest X-ray *(if TB Positive only, ATTACH a copy of the X-ray report valid within two 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) _____

g) Is this student safe to attend their placement? Yes or No

Final Signature of doctor/physician/health care professional: _____ ***(pg. 4)***

Date (mm/dd/yyyy): _____**Medical Office Stamp:** _____ ***(pg. 4)***

(C112) PERSONAL SUPPORT WORKER PROGRAM-NEW FIRST YEAR STUDENTS
NON-MEDICAL REQUIREMENTS (Due date: March 26, 2027)

NAME x_____ **GBP ID#** x_____

8. VULNERABLE SECTOR CHECK APPLICATION PROCESS *(must be valid each year)*

- Your academic department requires that all students must have a "clear" Vulnerable Sector Check *which includes both a criminal record check and a search of sex offenders,* valid for the academic year. Please attach the original VSC record, submit and upload it to ParaMed Placement Pass. *I*f you are **excluded** from placement due to a **"not clear"** vulnerable sector check record, it will jeopardize your academic standing and can lead to withdrawal. Please contact the CPO Manager/Associate Dean 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.
- ***If you have any history of criminal record,*** *please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program.* Check out the **YouTube tutorial videos** for all the non-medical requirements at George Brown College Clinical Placement Office
- **Are you under 18 years of age? YES_____ or NO_____ (check mark)**
  - ✓ If your **answer is YES,** your regional police service will NOT accept and deny your vulnerable sector application at this time. They will allow you to apply only after your 18th birthday, please contact us for more information, as this may cause a delay in meeting the submission deadline.
  - ✓ If your **answer is NO,** please proceed and follow the instructions according to your Regional Police service below.

- **SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY:**
  The Vulnerable sector check cannot be started until you are physically in Ontario, Canada. It is essential that you begin the process for the Vulnerable sector check as soon as you arrive and have an official address in Ontario, Canada, because the process can take at least 8-10 weeks to receive the necessary vulnerable sector check clearance particularly if you live in Toronto region with a postal code that start with letter "M".

For students who currently reside in the Toronto region *with a postal code that starts with the letter "M", it is important that you follow these steps:*

- Contact Suzette Martinuzzi, Clinical Pre-placement Co-ordinator to request the VSC Organization Code.
- Once you have the code, go to the Toronto Police Service website.
- Scroll down to Vulnerable Sector Check, and read the information provided. Then scroll down to the Register for an Adult Police Record Check Account box and select the Fill Out Form button.
- Complete the "Registration Account Information" and select the "Process My Registration" button. This creates your account. Now you must complete the six stages (Report, Documentation, Demographics, Payment Status, Authentication Status, and Application Status) of the VSC application. All six stages are mandatory.
- On the Report Selection page, scroll down to the Vulnerable Sector Check table and choose the Unpaid Student Placement option. Then go to the Reason for the Police Record Check table and complete as follows:
- under Course Name, type your course (or program) name
- under VSC Organization Code, type in the code provided to you by the Clinical Pre-placement Co-ordinator
- under Vulnerable Clientele Duties, type "To provide care, support, and guidance for the health and well-being of vulnerable persons from 1 to 99 years old"
- where you have to list which vulnerable sectors you will be working with, type "Children, teenagers, elderly, seniors, and persons with physical and mental disability"
- Finish answering the remaining stages. Note that payment for your online application must be provided by credit card only.
- *Once your submission has been finalized, Toronto Police Service will send you an email notification indicating when you will receive your VSC results to your email account.* ***Processing times typically take 8-10 weeks from the date the application is received but may take longer due to volume of requests and/or time of year.***

For student who currently reside in another region such as* (Durham, Halton, Hamilton, London, OPP, Niagara, Peel, South Simcoe, York) *or Out of Province (your postal code must start with the letter "K, L, N, P")

- Please check your specific regional police service website, and they take **8 to 10 weeks** to process and issue your vulnerable sector check.
- If you require a **volunteer letter** to pay for the student rate (except Peel region), please email us your full name, GBC ID#, program name and your regional police service complete business address. For more details, visit .***Vulnerable Sector Check website.*** If you do not receive your VSC after 6 weeks, it is your responsibility to contact and follow-up with your specific Regional Police Service

VULNERABLE SECTOR CHECK
(*must be valid each year)*

❑ ***Issued Date*** _____/_____/_____ ***Expiry Date***_____/_____/_____ **(one year after the issued date)**
mm/ dd / yyyy ***mm/ dd / yyy***

(C112) PERSONAL SUPPORT WORKER PROGRAM-NEW FIRST YEAR SEMESTER 1 STUDENTS
NON-MEDICAL REQUIREMENTS (Due date: March 26, 2027)

NAME x_____ **GBP ID#** x_____

9. INTERMEDIATE FIRST AID WITH CPR LEVEL C (must be valid every three years) & BASIC LIFE SUPPORT CERTIFICATES (must be valid each year)

- *It is mandatory that you register either in-person or blended format training class. You can check either* Critical Care SIM Institute or Coast2Coast, or Peak Excellence Shop *or* SOS First Aid or VitalCPR or you can register with any Ontario First Aid Approved First Aid Trainers available in your area, ***click here*** for more information.
- Please **do not** register for an Emergency First Aid course or 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).
- **SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY:** The SFA and CPR level C and BLS course cannot be started until you are physically in Ontario, Canada. It is essential that you begin that you register as soon as you arrive, settled, and have an official address here in Ontario, Canada. Please contact us for more information. Check out the **YouTube tutorial videos** for all the Non-Medical requirements at **George Brown College Clinical Placement Office**

Intermediate First Aid with CPR level C Certificate
(*must be valid every three years)*

❑ ***Issued Date*** _____/_____/_____ ***Expiry Date*** _____/_____/_____ ***(three years after the issued date)***
mm / dd / yyyy ***mm / dd / yyyy***

Basic Life Support (BLS) Certificate
(must be valid each year)

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

10. MASK FIT TEST 3M N95 CERTIFICATE *(must be valid every two years)*

- If you reside in Toronto region, you can get the 3M N95 qualitative mask fit test either from your workplace or at **Critical Care Sim Institute website at Critical Care Sim Institute or** Peak Excellence Shop check their Certificate Packages.
- If you live Outside Toronto region or Out of Province, you can check book either at ParaMed Home Health Care or www.SOSFirstAid.ca or at any third-party company closer to your area, as long as you have proof of valid certificate.
- All male students must be clean-shaven the same day at your scheduled appointment. No facial hair or jewelry that may interfere with the seal of the mask.Please do not eat, drink, smoke or chew gum one hour prior to your appointment.
- All nursing students must be tested and fitted for an appropriate qualitative mask (respirator) and in the event of flu (or other airborne/droplet) outbreak.
- Certificate/card must clearly state the mask model, type, and size and always carry it during your placement.
- **SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY:** This mask fit test cannot be started until you are physically in Ontario, Canada. It is essential that you begin that you register as soon as you arrive, settled, and have an official address here in Ontario, Canada. Please contact us for more information. Check out the **YouTube tutorial videos** for all the Non-Medical requirements at **George Brown College Clinical Placement Office**

Mask Fit Test 3M N95 Certificate
(*must be valid every two years)*

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

FINAL STEP:

- Once you have everything completed, your final step is to create an account, submit and upload your Health Form documents to the **ParaMed Placement Pass at Preplacement 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**.
- After 48 hours, you must sign-in to your portal account to check the ParaMed RN evaluation result of your forms, download the Student Status Summary Report Certificate and attached it to your original health form documents, as you need to show this proof to your upcoming placement agency and for future reference.

George Brown Polytechnic & ParaMed Agreement Form

Name x_____

Program (C112) Personal Support Worker-First year Winter 2027

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

I understand that 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

FREEDOM OF INFORMATION ANDPROTECTION 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, Regulation77 and the Public Hospital Act R.S.O.1980 Chapter 410, R.S.O. 1986, Regulations65 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-Winter 2027

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 withdraw al 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.

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 hspcanada.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)**