

**(C133) Child & Youth Worker-2<sup>nd</sup> year Semester 3 & 4 students in Fall Term 2026**

- According to the Child and Youth Care Program Guidelines and Affiliation Agreement with the placement agency partners for your program, all 2<sup>nd</sup> year students who will be assign an in-person placement in Fall Term 2026, are mandatory required to complete and submit a Prerequisite Form which includes all the medical, COVID-19 vaccination and non-medical requirements by the **given deadline on July 31, 2026 (no late submission will be accepted after this deadline)**. These preclinical requirements will take **about 8 to 10 weeks** to complete, and it is recommended that you provide enough time for the approval process.
- Please note that even if you have graduated from another program and/or have experience working in any community health-related profession, you are still required to complete all the medical and non-medical requirements below. If you fail to do so, you will be excluded from field practice which can jeopardize your academic standing & may lead to program withdrawal.
- Once you have gathered all the necessary documents, you will need to create an account, submit and upload all documents, certificates to the [ParaMed Placement Pass website](#) by the **given deadline on July 31, 2026 (no late submission will be accepted after this deadline)**.
- Failure to meet the deadline, the ParaMed portal will be **closed, and no late submission will be accepted**, and you will be **excluded** from field 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 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 Prerequisites Health form with you to document receipt of the following -TDAP, MMR, Varicella, Hep B, Two Step TB Skin Test, COVID-19 vaccine and Flu Shot requirements. For more information, visit [School of Social and Community Services Prerequisite Health Forms](#)

**Vulnerable Sector Check (must be valid every year from Sept 2026-Apr 2027)**

- All students must provide proof of a clear vulnerable sector police check that is valid every year. If you live in **Toronto region with a postal code that start with letter the “M”**, the Clinical Placement Office will send you the Toronto Police application form and instructions sheet to your email account.
- If you live in another region such as **Durham, Halton, Hamilton, Peel, York or Out of Province**, you will need to apply for your VSC at your specific regional police service website. For more information, visit this link [Vulnerable Sector Check](#)
- 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 & CPR level C Certificate (must be valid every three years from Sept 2026-April 2027)**

- All students must have a current SFA & CPR level C certificate in order to participate in practicum. Please register for this course at any WSIB Approved First Aid Trainers, for more information visit [Certificates](#) page.

**Contact us**

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

**(C133) Child & Youth Care Program**

**2<sup>nd</sup> year: Semester 3 & 4 students (Fall Term 2026)**

**Due Date: July 31, 2026 (no late submission will be accepted after this deadline)**

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**MEDICAL REQUIREMENTS CHECKLIST (mandatory)**

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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 detailed instructions on pages 1-8***

- Tetanus, Diphtheria & Pertussis (Tdap/Adacel vaccine must be valid every 10 years)
- COVID-19 vaccination (mandatory)
- Seasonal Flu Shot (recommended only)
- 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 every year from Sept 2025-April 2026)
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

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**NON-MEDICAL REQUIREMENTS (mandatory)**

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**Please read all detailed instructions on pages 1-8**

- [Vulnerable Sector Check](#) (must be valid each year for the duration of placement from Sept 2026-April 2027)
- [Standard First Aid with CPR level C certificate](#) (must be valid every three years for the duration of placement from Sept 2026-April 2027)
- [ParaMed Placement Pass](#) Service Fees
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form

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**[PARAMED PLACEMENT PASS](#) SERVICE FEES (rates are subject to change without further notice)**

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Once you have everything completed, your final step is to create an account, submit and upload your Prerequisite Health Form documents to **the [ParaMed Placement Pass](#) website** by the given deadline. All fees are the responsibility of the student.

**(effective on September 1, 2025)**

- Initial Clearance Fee - \$73.45 dollars (unlimited submission of health form, medical access online and RN fee per semester)
- Subsequent Clearance Fee (due to a Deficiency List Form) - \$36.73 dollars

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**CONTACT US**

Suzette Martinuzzi, Clinical Pre-placement Coordinator

Telephone: (416) 415-5000 ext. 3415

Email: [CPOHealthForm@georgebrown.ca](mailto:CPOHealthForm@georgebrown.ca)

Business Hours

Monday to Friday (9:00 am-4:00 pm)

By appointment only

**(C133) CHILD & YOUTH CARE PROGRAM**  
**2<sup>nd</sup> YEAR FULL PREREQUISITE HEALTH FORM (FALL TERM 2026)**

Name x \_\_\_\_\_  
 GBC ID# x \_\_\_\_\_  
 Tel x \_\_\_\_\_  
 Email x \_\_\_\_\_

**Due date: July 31, 2026 (no late submission will be accepted after this deadline)**

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

Ontario legislation specifies certain surveillance requirements for those individuals entering into healthcare practice settings. The Program policy was developed in accordance with the Communicable Disease Surveillance protocols, as specified under the Ontario Public Health, OHA, OMA, LTCAO and Ontario School Boards 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, 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 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 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 VACCINE (mandatory)**

- 1<sup>st</sup> dose Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)
- 2<sup>nd</sup> dose Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)
- Proof of approved [exemption](#) status

**3. SEASONAL FLU SHOT (recommended every year in November/December)**

Seasonal Flu Shot 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 1<sup>st</sup> 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.

1<sup>st</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/ dd / yyyy

2<sup>nd</sup> 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 1<sup>st</sup> 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.

1<sup>st</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/ dd / yyyy

2<sup>nd</sup> 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)**



**2<sup>nd</sup> YEAR CHILD & YOUTH CARE PROGRAM IN FALL TERM 2026**  
**NON-MEDICAL REQUIREMENTS (Due date: July 31, 2026)**

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

8. **VULNERABLE SECTOR CHECK** (must be valid each year for the duration of field practice from Sept 2026-Apr 2027)  
**Note:** Your academic department requires that all students must have a “clear” vulnerable sector check valid for the academic year. Please attach the original police vulnerable sector check record and submit to ParaMed. If you are **excluded** from placement due to a “not clear” vulnerable sector check, 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 vulnerable sector check application and additional fees related to fingerprint, court documents and Record Suspension (formerly Pardon) process are responsibility and paid by the student. **Please read instructions below in how to apply for your police check according to your regional police service below.**

**For students who reside in the Toronto region:** If you need to apply for your VSC and you currently **reside in the Toronto region with a postal code that start with the letter “M”, 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 to 10 weeks from the date the application is received but may take longer due to volume of requests and/or time of year.**

**For students who currently reside in another region such as ([Durham](#) , [Halton](#), [Hamilton](#), [London](#), [Niagara](#), [Peel](#) & [York](#)) or [Out of Province](#), or out of province. (If your Postal Code starts with the letter “K, L, N, P”, or Out of Province)**

- Please check your specific regional police service website and they can take 8 to 10 **weeks** to process your application form.
- Please apply for police check as it needs to be valid in the academic year, for more details, visit [Vulnerable Sector Check website](#).
- 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 address. For more details, visit [Vulnerable Sector Check website](#)

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

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



## George Brown College & ParaMed Agreement Form

Name  \_\_\_\_\_

**Program:** (C133) Child & Youth Care-2<sup>ND</sup> YEAR in Fall Term 2026

I  \_\_\_\_\_ (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.

\_\_\_\_\_  
**(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.

\_\_\_\_\_  
**(Signature)** **(Date)**

### Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email [CPOHealthForm@georgebrown.ca](mailto:CPOHealthForm@georgebrown.ca)  
 Business Hours: Monday to Friday, 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 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.