

Welcome to C153 Child & Youth Care Accelerated Program in Spring Term 2026!

- As part of this program, you will be provided with an opportunity to participate in a field placement in a healthcare setting. In preparation for your placement experience, there are mandatory requirements that you will need to complete ahead of time. The Clinical Placement Office recommends that you begin gathering the necessary documentation now, in order to be able to submit them and provide enough time for the approval process.
- Please **note** that even if you have graduated from another Community Services program either in George Brown Polytechnic or from another college, 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.
- Once you have gathered all the necessary documents, you will need to create an account, upload and submit all documents, certificates and evidences to the ParaMed Placement Pass portal by the **given deadline on June 5, 2026**.

Below is a summary of all the MANDATORY requirements that must be provided in your submission. Please read and follow all the instructions carefully: Check out the YouTube tutorial videos for all the Medical and Non-Medical requirements at [George Brown College Clinical Placement Office](#).

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 Prerequisite 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 Forms](#).
- **COVID-19 vaccines:** 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.
- **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 Two Step TB Skin Test and Flu shot**). Please book an appointment with your family doctor/physician from your home country and bring this health form with you and start working on the medical requirements while you are there to help you save time and money. 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 every year, please start applying after March 17, 2026, as it takes 8 to 10 weeks to process and needs to be valid until the end of your academic year in April 2027)

- **ALL DOMESTIC STUDENTS:** We will provide you with all the information in how to apply for police check according to your regional police service.
- **SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY:** The Vulnerable Sector Check cannot be started until you are physically here in Ontario, Canada. We will provide you all the information in how to apply for police check according to your regional police service **once you arrive and have an official address here in Canada**.
- For more information, visit this link [Vulnerable Sector Check](#)

Standard First Aid & CPR level C Certificate (must be valid every three years)

- 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 our [Certificates](#) page.
- **SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY:** The SFA and CPR level C course cannot be started until you are physically here in Ontario, Canada. Once you arrived and settled in, please register for this course at any WSIB Approved First Aid Trainers, for more information visit our [Certificates](#) page.

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.

(Paramed Service fees effective on September 1st, 2025)

- Initial Clearance Fee-\$73.45 dollars (submission of health form, RN fee and medical records access online)
- Resubmission Fee (due to a Deficiency List Form) - \$36.50 dollars

CONTACT US:

- **Suzette Martinuzzi**, Clinical Pre-placement Coordinator
Telephone: (416) 415-5000 ext. 3415
Email: CPOHealthForm@georgebrown.ca
Business Hours:
Monday to Friday (9:00 am to 3:00 pm) by appointment only

(C153) Child & Youth Care-Accelerated
2ND YEAR: New Semester 4 students (Spring Term 2026)
Due Date: June 5, 2026

MEDICAL REQUIREMENTS (mandatory)

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 1-6**

SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS: You must 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 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 our **YouTube Tutorial videos** at [George Brown College Clinical Placement Office](#).

- Tetanus, Diphtheria & Pertussis (*Tdap/ADACEL must be valid every 10 years*) & attach yellow card/immunization record
- COVID-19 vaccine (*strongly encourage*)
- 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, please start this process after April 14, 2026 as it needs to be valid until the end of your academic year in April 2027*)
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

NON-MEDICAL REQUIREMENTS (mandatory)

Please read all detailed instructions on pages 1-7

- [Vulnerable Sector Check](#) (****must be valid every year, please start applying after March 16, 2026 as it takes 8 to 10 weeks to process and needs to be valid until the end of your academic year in April 2027*)
- [Standard First Aid Certificate & CPR level C Certificate](#) (*must be valid every three years*)
- [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 completed, your final step is to create an account, submit and upload your Prerequisites Form documents to the **ParaMed Placement Pass website** at [Placement Pass by Paramed](#) by the given deadline. All fees are responsibility of the student.
(effective September 1, 2025)

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

CONTACT US

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

(C153) CHILD & YOUTH CARE ACCELERATED PROGRAM
2ND YEAR STUDENT PREREQUISITE HEALTH FORM (SPRING TERM 2026)

Name x _____
 GBC ID# x _____
 Tel x _____
 Email x _____
 Due date: **June 5, 2026**

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.

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 TB Skin Test and Flu shot*). Please book an appointment with your family doctor/physician from your home country and bring this health form with you and start working on the medical requirements. 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 our **YouTube Tutorial videos** 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 (*Td/Adacel*) booster ____/____/_____(mm/dd/yyyy)

2. COVID-19 VACCINATION (strongly encouraged and attach proof of record)

1st dose Given Date ____/____/_____(mm/dd/yyyy)

2nd dose Given Date ____/____/_____(mm/dd/yyyy)

Proof of approved [exemption](#) status

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

Seasonal Flu Shot Given Date ____/____/_____(mm / dd / yyyy) Health care professional signature _____

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)**

(C153) CYC ACC SEM 4 STUDENTS- MEDICAL REQUIREMENTS (Due date: June 5, 2026)

NAME x _____ GBC ID# x _____

- 6. HEPATITIS B INSTRUCTIONS:** 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 laboratory blood test report and attach it to the form as outlined below.
- 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 new 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 / yyyy)
 - 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 valid every year until the end of academic year in April 2026) Check out our YouTube Tutorial videos 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”, do annual 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)

George Brown Polytechnic & ParaMed Agreement Form

Name _____

Program: (C153) Child & Youth Care Accelerated-Semester 4 Spring 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 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 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
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 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.