

Welcome New First year C405 Autism Behavioural Science students in Fall Term 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 field placement. These preclinical requirements take time 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 evidences to the **ParaMed Placement Pass** website by the **given deadline on September 25, 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 by the **given deadline**, 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 preclinical requirements below. If you **fail** to do so, you will be **excluded** from clinical or 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 preclinical 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 this Health form with you to document receipt of the following -TDAP, MMR, Varicella, Hep B, Two Step TB Skin Test and Flu Shot 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 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.

Vulnerable Sector Check (start applying on July 6, 2026 and must be valid for six months for the entire duration of placement per semester within an academic year)

- **For students who currently reside in Toronto region with a postal code that starts with the letter “M”:** Please carefully review the attached Toronto Police Service VSC Code Instruction Sheet and **start applying on July 6, 2026**. The Toronto Police Service may take **8 to 10 weeks** to process your VSC record and send the results to your TPS portal account only. Fees will apply.
- **For student who currently reside in another region such as [Durham, Halton, Hamilton, London, Niagara, OPP, Peel & York](#) or Out of Province.** Please apply to your specific regional police service, to allow **8 to 10 weeks** processing time and receive it on time. For more information in how to apply, please see page 5.
- 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.
- **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. Once you arrive and have an official address here, please contact us and we will provide you with information on how to apply for your VSC record according to your regional police service. This application process could take **8 to 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”.

Final Step: 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 [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 and Locations
Monday to Friday (9:00 am-4:00 pm), by appointment only

(C405) Autism Behavioural Science Program

New First year student (Fall Term 2026)

Due Date: September 25, 2026

MEDICAL REQUIREMENTS CHECKLIST (mandatory)

- Tetanus, Diphtheria & Pertussis vaccine (Tdap/Adacel vaccine must be valid every 10 years)
- 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 (start this process after July 6, 2026, as some placement agencies may require it every six months)
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

NON-MEDICAL REQUIREMENTS (mandatory)

- [Vulnerable Sector Check](#) (**start applying on July 6, 2026 and must be valid for six months**) You will need to **budget accordingly** as you will be required to **apply** for the Vulnerable Sector Check **twice**----once for your field placement in Fall Term 2026 and again for a renewal for your second round of placement in Winter Term 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 completed, your final step is to create an account, submit and upload your Requisite 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**. All fees are responsibility of the student.

(Service fees effective on September 1, 2025)

- Initial Clearance Fee-\$73.45 dollars (tax included, student will pay and it is non-refundable)
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**(C405) AUTISM BEHAVIOURAL SCIENCE PROGRAM
NEW FIRST YEAR PREREQUISITE HEALTH FORM (FALL TERM 2026)**

Name x _____

GBP ID# x _____

Tel x _____

Email x _____

Due date: **September 25, 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. Check out the [YouTube tutorial videos](#) for all the Medical and Non-Medical requirements at [George Brown Polytechnic-Clinical Placement Office](#)

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. 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. **SEASONAL FLU SHOT (recommended only 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)**

Seasonal Flu Shot Given Date ____/____/____ (mm / dd / yyyy) (attach proof of record)

3. **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 / yyy)

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.

4. **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 / yyy)

2nd Dose date ____/____/____
(mm/ dd / yyy)

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)**

(C405) ABS FIRST YEAR- MEDICAL REQUIREMENTS (Due date: September 25, 2026)

NAME x _____ GBP ID# x _____

- 5. 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 the laboratory blood test report and attach it on the form as outlined below. Check out the [YouTube tutorial videos](#) for all the Medical and Non-Medical requirements at [George Brown Polytechnic-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 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

- 6. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (start this process after July 6, 2026 as some placement agency partners may require it to be valid every six months, read and follow all the instructions below)**
- 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 x_____

Program: (C405) Autism Behavioural Science-First year Fall Term 2026

I x_____ (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.

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 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.