

Welcome New H402 Food & Nutrition Management students in Fall Term 2024!

- As part of this program, you will be provided with an opportunity to participate in a clinical placement in a health care 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.
- 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 electronic Placement Pass by ParaMed portal by the **given deadline on December 6, 2024**. A link to the portal can be found at <https://georgebrowncollege.placementpass.ca/>
- If you **fail** to complete, submit, and upload these requirements to Placement Pass by ParaMed portal by the **given deadline on December 6, 2024**, you will be **excluded** from field 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 College 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 non-medical certificates below. If you **fail** to do so, you will be **excluded** from clinical field practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- All costs, service fees and fine 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 Form with you to document receipt of the following -TDAP, MMR, Varicella, Hep B, Two Step TB, COVID-19 vaccine and Flu Shot requirements. For more information, visit <https://www.georgebrown.ca/current-students/preplacement/forms/school-of-hospitality-tourism-management-forms>
- COVID-19 vaccination:** Public Health Ontario continues to recommend that people working with vulnerable communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements. If you are **unvaccinated to COVID-19**, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program.
- Seasonal Flu Shot** Please do not worry about the flu shot at this time. If you have everything completed except the flu shot, you may submit this health form 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 (renew every six months)

- As per policy of the placement agency partners for this program, they require our student Vulnerable Sector Check record to be valid within six months after the issued date and it must be valid for the entire duration of your field placement per academic year.
- In order to meet their VSC requirement, we will provide you all the information in how to apply for VSC online according to your specific regional police service after September 2, 2024, to allow 6 to 8 weeks processing time and receive it by the given ParaMed deadline on November 22, 2024.
- 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 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".

Standard First Aid with CPR level C

- If you live in Toronto region, you can register for this course at Peak Excellence Shop company website at <https://www.peakexcellenceshop.com/> and select Certificates Packages or [click here](#) for the list of approved Ontario WSIB Approve First Aid Trainers available in your area.
- 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.
- SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY:** The 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 in and have an official address here in Ontario, Canada. Please contact me for more information.

Mask Fit Test 3M N95 Certificate (renew every two years)

- All students must have a valid N95 mask fit test certificate. We will accept your mask fit test certificate either from your workplace or other agency as long as it is valid within 2 years. If you need to complete this step, please book your mask fit testing at Peak Excellence Shop company online at <https://www.peakexcellenceshop.com/> or go to other third-party agency. Please contact me for more information.
- SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY:** The 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 in and have an official address here in Ontario, Canada. Please contact me for more information.

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 **ParaMed Placement Pass website** at <https://georgebrowncollege.placementpass.ca/> by the given deadline. (**Paramed Service fees from June 1, 2022 to May 31, 2025**)

- Initial Submission Fee-\$59.47 dollars (submission of health form, RN fee and medical records access online)
- Resubmission Fee (due to a Deficiency List Form) - \$26.10 dollars.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

- Suzette Martinuzzi**, Pre-placement Coordinator
Telephone: (416) 415-5000 ext. 3415
Email: smartinu@georgebrown.ca
Business Hours and Locations
Monday to Wednesday (9:00 am-4:00 pm) at 51 Dockside Drive, Room 702, 7th Floor, Waterfront campus, Toronto, ON M5A 0B6
Thursday to Friday (9:00 am-4:00 pm) at 200 King Street East, Main Building "A", 4th Floor, Room 401B, St. James Campus, Toronto, ON M5A 3W8

(H402) Food & Nutrition Management (Fall Term 2024)

First year students: Semester 1 & 2

Prerequisite Health Form deadline: December 6, 2024

MEDICAL REQUIREMENTS CHECKLIST

- Tetanus, Diphtheria & Pertussis (*Tdap/Adacel vaccine valid every 10 years*) & attach yellow card record
- Covid-19 two doses vaccine (*mandatory and attach proof of record*)
- Seasonal Flu Shot (*mandatory 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 (*please start this process after November 1st, 2024*)
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

ADDITIONAL REQUIREMENTS CHECKLIST

- [Vulnerable Sector Check](#)-(*Note: we will provide you all the information in how to apply for your VSC record according to your regional police service on September 2, 2024, in order to be valid within 6 months and for the entire duration of placement per academic year*)
- Standard First Aid and CPR level C (*renew every three years*)
- [Mask Fit Test 3M N95 Certificate](#) (*renew every two years*)
- Placement Pass by ParaMed portal Service Fees
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form

PARAMED PLACEMENT PASS SERVICE FEE (rates are subject to change, student pays)

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 by ParaMed portal** at <https://georgebrowncollege.placementpass.ca/> 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**.

(June 1, 2022 to May 31, 2025)

- Initial Submission Fee - \$59.47 dollars (submission of health form, RN fee, archives & medical access online)
- Resubmission Fee (due to a Deficiency List Form) - \$26.10 dollars

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

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**(H402) FOOD & NUTRITION MANAGEMENT PROGRAM
FIRST YEAR PREREQUISITE HEALTH FORM (FALL TERM 2024)**

Name x _____
 GBC ID# x _____
 Tel x _____
 Email x _____
Submission deadline: December 6, 2024

**MEDICAL REQUIREMENTS
(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 <https://www.youtube.com/channel/UCIQndxFUqeBVhJB3QKQP91w>

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. **Please read all detailed instructions.**

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/Boostrix) booster ____/____/____(mm/dd/yyyy)

2. **COVID-19 VACCINATION (mandatory and attach proof of record)** Public Health Ontario continues to recommend that people working with vulnerable communities be triple vaccinated against COVID-19. Clinical agency partners continue to require students to be vaccinated against COVID-19 to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements. If you are **unvaccinated to COVID-19**, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program.
 1st dose Given Date ____/____/____(mm/dd/yyyy)
 2nd dose Given Date ____/____/____(mm/dd/yyyy)

3. **SEASONAL FLU SHOT (mandatory every year in November or December and attach proof of record) (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)

4. **MEASLES, MUMPS, RUBELLA (MMR) (Two doses vaccine OR Laboratory evidence of immunity)**
 Documentation of receipt of two doses of MMR vaccine on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.
 1st Dose date ____/____/____
 (mm/ dd / yyy)

 2nd Dose date ____/____/____
 (mm/ dd / 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.

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)**

(H402) FNM MEDICAL REQUIREMENTS (submission deadline December 6, 2024)

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 on the form as outlined below. Check out the **YouTube tutorial videos** for all the Medical and Non-Medical requirements at <https://www.youtube.com/channel/UCIQndxFUgeBVh3QKQP91w>

- 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 / 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.

7. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (please start this process after November 1st, 2024, read and follow 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-F) 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) _____

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

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

George Brown College & ParaMed Agreement Form

Name _____

Program (H402) Food & Nutrition Management First Year-Fall Term 2024

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 smartinu@georgebrown.ca
 Virtual Business Hours: 8:00 am to 3:00 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.