

(S101) Denturism Program
3rd year students: Semester 5 & 6 (Fall Term 2026)
Due Date: August 14, 2026

RETURNING STUDENT CHECKLIST & ACTIONS REQUIRED

Notice: If you are planning to continue your studies in this program, it is your **responsibility** to start and meet all the health form requirements outlined below. This process will take **about 8 to 10 weeks** to complete, and you must have a "clear" vulnerable sector check valid every year. If you **fail** to complete and submit these requirements to ParaMed by the given deadline, you will be **excluded** from clinical practice which can jeopardize your academic standing & lead to program **withdrawal**. All costs, service fees and fines associated with the overall medical and additional requirements are the responsibility of the student.

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 pgs.**

- Seasonal Flu Shot (recommended every year in November or December)
- Step 1-Tuberculosis Skin Test (must be valid each year for the duration of dental practice from Sept 2026-April 2027)
- Temporary Medical Exception
- Final signature of your doctor/physician and medical office stamp

NON-MEDICAL REQUIREMENTS (Mandatory)

Please read all detailed instructions on pages

- Vulnerable Sector Check (must be valid each year for the duration of dental practice from Sept 2026-April 2027)
- Basic Life Support Certificate (must be valid each year for the duration of dental practice from Sept 2026-April 2027)
- ParaMed 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, student pays)

Once you have everything completed, your final step is to create an account and upload your completed Health Form documents to the new ParaMed Placement Pass website at <https://georgebrowncollege.placementpass.ca> by the given deadline.

(Service fees effective on September 1, 2024)

- 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)
- Subsequent Clearance Fee-\$36.73 dollars tax included (due to medical deficiency or incomplete requirements)

CONTACT US

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

**FULL-TIME PROGRAM: (S101) DENTURISM PROGRAM
 3rd YEAR-RENEWAL HEALTH FORM (Fall Term 2026)**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

Due Date: **August 14, 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.

1. SEASONAL FLU SHOT (recommended every year in November/December and attach proof of record)

Seasonal Flu Shot Given Date ____/____/____ (mm / dd / yyyy)

2. STEP 1-TUBERCULOSIS SKIN TEST (must be valid each year, see instructions below)

- **Negative (-) (less than < 10 mm induration)** If your previous Two Consecutive Step-TB Skin Test results was both "Negative with less than (< 10 mm)" induration from last year, please ask your doctor to renew your Step 1-TB Skin Test only and document it below.
- **Positive (+) (more than > 10 mm induration)** If your previous TB Skin Test result was "Positive with (over > 10 mm induration) from last year, you are **NO longer** required to do anymore TB Skin Test or Chest X-ray again. Please advise your doctor to do annual TB physical examination and must complete letters (A-F) below. No Exceptions!

STEP 1-TB SKIN TEST

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

**TB SKIN TEST POSITIVE WITH MORE THAN >10 MM INDURATION
 DOCTOR/PHYSICIAN MUST DO ANNUAL TB PHYSICAL EXAM & COMPLETE LETTERS (A-G) BELOW:**

- a) **Chest X-ray (attach a copy of the Chest X-ray report valid every two years)** Result _____ Date _____ (mm/dd/yyyy)
- b) History of disease? Yes or No Date (mm /dd/ yyyy) _____
- c) Prior history of BCG vaccination? 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. 2)**

Date (mm/dd/yyyy) _____ **Medical Office Stamp** _____ **(pg. 2)**

S101 DENT TEMPORARY MEDICAL EXCEPTION TO YOUR PARAMED ACCOUNT
(Due date: August 14, 2026)

NAME x _____ GBCID# x _____

3. Did you receive a Temporary Medical Exception from your last submission to your ParaMed Placement Pass account? If so, go to Section A. If not, go to Section B.

➤ **Section A)**

Please Sign-in to your ParaMed Placement Pass account and check your Student Status Summary report for any **COMMENTS** that ParaMed has listed for you.

Please show your doctor your old health form documents or the Student Status Summary report, complete any of the outstanding booster or repeat blood test and have them fill-out and complete this part of the form.

If you **FAIL** to provide any updates your Temporary Exception will expire, and they will mark you as **NOT CLEAR** and you will be **EXCLUDED** from clinical or field or dental practice.

- Tetanus, Diphtheria & Pertussis (TDAP/Adacel valid every 10 years)

dose date: ____/____/____(mm/dd/yyyy)

- Measles, Mumps & Rubella (MMR)

outstanding dose date: ____/____/____(mm/dd/yyyy)

OR

outstanding copy of repeat laboratory blood test report

- Varicella (Chicken Pox)

outstanding dose date: ____/____/____(mm/dd/yyyy)

OR

outstanding copy of repeat laboratory blood test report

- Hepatitis B

outstanding booster shot dose date: ____/____/____(mm/dd/yyyy)

OR

outstanding copy of repeat laboratory blood test report, 4-6 weeks from your last dose

- **Section B)** If you already received a **ParaMed Clear Certificate** from your previous health form document, please **disregard this page 3** and there is no need for your doctor to fill-out this form or redo any of the medical requirements given above.

George Brown College & ParaMed Agreement Form

Name: _____

Program: (S101) DENTURISM 3RD 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
 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.