

**(S102) Orthotics/Prosthetic Technician Program**  
**2<sup>nd</sup> year Semester 3 & 4 students (Fall Term 2026)**  
**Due Date: September 11, 2026**

### RETURNING STUDENT CHECKLIST & ACTION REQUIRED

**Notice:** If you are planning to continue your studies in this program, it is your **responsibility** to start and meet all the Preclinical Health Form requirements outlined below. This process will take **about 8 to 10 weeks** to complete, and you must have a “clear” police check record valid every six months. If you **fail** to complete, submit and upload these requirements to Placement Pass by ParaMed portal 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 fine associated with the overall medical and additional requirements are responsibility of the student.

#### MEDICAL REQUIREMENTS (mandatory except Flu Shot)

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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.***

- Tetanus, Diphtheria & Pertussis (*Tdap/ADACEL must be valid every 10 years*) & attach yellow card/immunization record
- COVID-19 vaccine (*recommended only*)
- Seasonal Flu Shot (*recommended every 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, (*must be valid each year from Sept 2026 to April 2027 academic year*)
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

#### NON-MEDICAL REQUIREMENTS (mandatory)

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*Please read all detailed instructions*

- Vulnerable Sector Check (*must be valid each year for the duration of placement from Sept 2026 to April 2027*)
- CPR Level (C) Certificate (*must be valid each year for the duration of placement from Sept 2026 to 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

#### PARAMED PLACEMENT PASS BY 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 Requisite Health Form documents to the **ParaMed Placement Pass portal** at <https://georgebrowncollege.placementpass.ca> by the given deadline. All fees are responsibility of the student.

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

- 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

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- **Suzette Martinuzzi**, Pre-placement Coordinator  
**Telephone:** (416) 415-5000 ext. 3415 **Email:** [CPOHealthForm@georgebrown.ca](mailto:CPOHealthForm@georgebrown.ca)  
**Business Hours and Locations (Appointment only):**  
**Monday to Wednesday (9:00 am-4:00 pm)** at 51 Dockside Drive, Room 702, 7th Floor, Waterfront campus,  
**Thursday to Friday (9:00 am-4:00 pm)** at 200 King Street East, Main Building “A”, 4th Floor, Room 401B, St. James Campus







**(S102) 2<sup>nd</sup> YEAR ORTH/PROS TECH NON-MEDICAL REQUIREMENTS**  
**(Due date: September 12, 2025)**

NAME x \_\_\_\_\_ GBCID# x \_\_\_\_\_

**8. CPR LEVEL (C) CERTIFICATE (must be valid each year for the duration of placement from Sept 2026-April 2027)**

- It is mandatory that you register for **CPR level C**, valid for the entire academic year. For the list of First Aid Approved Trainers, [click here](#) for more information or you can register at any First Aid Trainers available in your area.
- Please check the [Peak Excellence Shop](#) website for their Certificate Packages. **Check out and watch our YouTube Tutorial Videos at <https://www.youtube.com/channel/UCIQndxFUgeBVhiB3QKPQ91w>**
- Once you obtain your certificate, you must submit and upload it to the ParaMed Placement Pass portal.

**CPR LEVEL (C) Certificate**

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

**FINAL STEP:**

- Once you have everything completed, your final step is to create an account, submit and upload your Health Form documents to the **ParaMed Placement Pass Service at <https://georgebrowncollege.placementpass.ca/>** by the given deadline.
- After 48 hours, you must log-in to your portal account to check the ParaMed RN evaluation result of your forms, download the Student Status Summary Report Certificate and attached it to your original health form documents, as you need to show this proof to your upcoming placement agency and for future reference.

## George Brown College & ParaMed Agreement Form

Name x \_\_\_\_\_

**Program: (S102) Orthotics/Prosthetic Technician-2<sup>nd</sup> year (Fall Term 2026)**

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

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 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.

x \_\_\_\_\_  
(Signature) (Date)

### Contact Us

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