

### Welcome New First Year (S113) Dental Assisting students in Fall Term 2026!

- In preparation for your dental practicum experience both in-person and off-site, there are mandatory preclinical requirements that you will need to complete ahead of time, as it will usually take **8 to 10 weeks** to process and complete. The Clinical Placement Office recommends that you begin gathering the necessary documentation now, to be able to submit and provide enough time for the approval process.
- 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 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**.
- Once you have gathered all the necessary documents, you will need to create an account, upload and submit all documents, certificates and evidence to the ParaMed Placement Pass portal by the **given deadline on August 31, 2026**. A link to the portal can be found at [ParaMed Placement Pass](#)
- If you **fail** to complete, submit, and upload these requirements to ParaMed Placement Pass portal by the **given deadline on August 31, 2026**, you will be **excluded** from dental lab practice and clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**. Budget accordingly as all costs, service fees and fines associated with the overall medical and additional requirements are the 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 Prerequisite Health form with you to document receipt of the following -TDAP, MMR, Varicella, Two Step TB Skin Test COVID-19 vaccination and Flu Shot requirements. For more information, visit [School of Dental Health Prerequisite Health Forms](#)

#### Hepatitis B Immunization and Compliance Timeline for Clinical Eligibility

- All students must undergo an initial blood test to check for Hepatitis B Antibody Immunity Test (Anti-HBs or HBsAb) and must complete and submit the required immunization doses and repeat blood test by the deadline outlined on the Health Form.
- It is your responsibility to ask your doctor to read and follow all the instructions provided on the Health Form and to follow-up with them to avoid any issues or delays with your Hep B clearance.
- Failure to meet the deadline will result in ineligibility for participation in dental lab practice, clinical placement and course registration for the academic year.

#### Vulnerable Sector Check (must be valid each year from September 2026 to June 2027)

- **For students who currently reside in [Toronto region](#) with a postal code that starts with the letter "M":** Please see the Toronto Police instruction sheet and apply online and it could take 8 to 10 weeks to process and receive your VSC record to your email account. For more information visit [Pre-Placement Non-medical Requirements](#)
- **For student who currently reside in another region such as ([Durham](#) , [Halton](#) , [Hamilton](#) , [London](#) , [Niagara](#) , [Peel](#) & [York](#)) or out of [province](#).** Please apply to your specific regional police service website and for more information, see page 6.
- If you are currently **under 18 years of age**, please contact us as we need to send you another information on how to apply as a youth applicant at your regional police service.
- 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.

#### Workplace Hazardous Materials Information System (WHMIS) certificate (must be valid for three years from September 2026 to June 2027)

- It is **mandatory** that you register and receive the WHMIS Healthcare (Online) training certificate at [Critical Care Sim Institute](#) or [Peak Excellence Shop](#) check their Certificate Packages.

#### Basic Life Support (BLS) Certificate (must be valid each year from September 2026 to June 2027)

- It is mandatory that you register either in-person or blended format training class. You can check either [Critical Care Sim Institute](#) or [VitalCPR](#) or [SOS First Aid](#) websites or [Workplace Safety and Insurance Board \(WSIB\) approved First Aid Training](#)
- available in your area.
  - **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.
  - Please submit and upload your official certificate to your ParaMed Placement Pass account and attach it on the health form. (**NO** temporary certificate accepted).
  - **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 in Ontario, Canada. It is essential that you begin that you register as soon as you arrive, settled, and have an official address here in Ontario, Canada. Please contact me for more information.

#### Mask Fit Test 3M N95 Certificate (must be valid for two years from September 2026 to June 2027)

- If you reside in Toronto region, you can get the qualitative mask fit test either from your workplace or at [Critical Care Sim Institute](#) and check their Certificate Packages. Also you can book either at [ParaMed Home Health Care](#) or [SOSFirstAid](#) or at any third-party company closer to your area, as long as you have proof of valid certificate.

**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](#) by the given deadline.

(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:

- **Suzette Martinuzzi**, Pre-placement Coordinator  
Telephone: (416) 415-5000 ext. 3415 Email: [CPOHealthForm@georgebrown.ca](mailto:CPOHealthForm@georgebrown.ca)

**(S113) Dental Assisting Program (Fall Term 2026)**

**First Year Student: Semester 1 & 2**

**Due date: August 31, 2026**

**MEDICAL REQUIREMENTS CHECKLIST**

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- Hepatitis B (*immunization and Compliance Timeline for clinical eligibility, pg. 3 &4*)
- Tetanus, Diphtheria & Pertussis vaccine (*Tdap/Adacel vaccine must be valid every 10 years, pg. 5*)
- COVID-19 vaccination (recommended only, pg. 5)
- Seasonal Flu Shot (*recommended every year in November or December, pg. 5*)
- Measles, Mumps & Rubella (*documentation of two doses of MMR vaccine OR laboratory evidence of immunity, pg. 5*)
- Varicella (*documentation of two doses of Varivax vaccine OR laboratory evidence of immunity, pg. 5*)
- Two Consecutive Step Tuberculosis Skin Test (*must be 7-21 days apart and valid each year from Sept 2026-June 2027, pg. 6*)
- Final signature of your doctor/physician and medical office stamp (*pg. 4 & 6*)
- Yellow immunization card or any type of immunization records

**NON-MEDICAL REQUIREMENTS CHECKLIST (Mandatory)**

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- [Vulnerable sector check](#) (*must be valid each year from Sept 2026 to June 2027, pg. 7*)
- [Workplace Hazardous Materials Information System \(WHMIS\)](#) (*must be valid for three years from Sept 2026-June 2027, pg. 8*)
- [Basic Life Support certificate](#) (*must be valid each year from Sept 2026 to June 2027, pg. 8*)
- [Mask Fit Test 3M N95 Certificate](#) (*must be valid for two years from Sept 2026 to June 2027, pg. 8*)
- [ParaMed Placement Pass Service Fees](#), pg. 8
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form, pg. 9

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

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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](#) 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**. Fees apply.

**(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**

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

(S113) DENTAL ASSISTING PROGRAM
NEW FIRST YEAR PREREQUISITE HEALTH FORM (FALL TERM 2026)

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

GBP ID# x \_\_\_\_\_

Tel x \_\_\_\_\_

Email x \_\_\_\_\_

Due date: August 31, 2026

Hepatitis B Immunization & Compliance Timeline for Clinical Eligibility
(Doctor/Health Care Professional to complete, sign and stamp)

All students must undergo an initial blood test to check for Hepatitis B Antibody Immunity Test (Anti-HBs or HBsAb). Use the Step-by-Step Instructions and follow the strict deadline dates below. Failure to meet the deadline will result in exclusion for participation in dental lab practice, clinical placement and course registration for the academic year.

Ask your doctor/health care provider to:

- Perform an Anti-HBs or HBsAb blood test and check the box accordingly.
➤ Document all required new vaccinations
➤ Provide a copy of your lab test report to attach to your Paramed submission

STEP 1: Initial Antibody Blood Test (Anti-HBs or HBsAb) result categories:

[ ] If Immune/Reactive/Positive >10 U/L):

- No further doses or action required, please disregard page 4
• Submit a copy of the initial lab test report to ParaMed by the due date: Aug 31, 2026
• You are considered fully clear.

[ ] If Non-immune/Non-Reactive/Negative (0-10 U/L)

- You must begin or continue the Primary vaccine series.
• Proceed and follow Step 2 Section A on page 4
• Submit each dose and repeat blood work to ParaMed as you progress by the due dates below.

[ ] Carrier (HBsAg Positive Antigen test)

- No vaccine or further doses required, please disregard page 4
• Submit your most recent HBsAg positive lab test report
• Individuals who do not respond to vaccination and are HBsAg-negative must be counselled regarding precautions to prevent HBV infection and the need to obtain immunoglobulin prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood.

[ ] Is the student clear and safe to participate in dental lab practice and clinical placement for this academic year? Doctor/HCP please answer: Yes or No

**(S113) DENTAL ASSISTING PROGRAM**  
**Hepatitis B Immunization & Compliance Timeline for Clinical Eligibility**

NAME x \_\_\_\_\_ GBP ID# x \_\_\_\_\_

**STEP 2 SECTION A: Hepatitis B Primary Vaccine Series (to be completed if your initial result was Non-immune/Non-Reactive/Negative)**

Ask your doctor/health care provider to administer and document all new Hepatitis B vaccination and repeat blood work according to the actions and deadline outlined below:

**1<sup>st</sup> dose** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/ dd / yyyy)

**Action required:**

- Submit your 1<sup>st</sup> booster dose to Paramed by the **due date: September 11, 2026**
- After the 1<sup>st</sup> dose, you must repeat the Anti-HBs blood test after four weeks **on October 9, 2026**
- Submit a copy of repeated lab report to Paramed by the **due date: October 23, 2026**
- If the result is immune/reactive, you are considered fully clear.
- If you are non-immune after the 1<sup>st</sup> dose, proceed with the 2<sup>nd</sup> dose below.

**2<sup>nd</sup> dose** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/ dd / yyyy) (given four weeks after 1<sup>st</sup> dose)

**Action required:**

- Submit your 2<sup>nd</sup> booster dose to Paramed by the **due date: October 30, 2026**
- After the 2<sup>nd</sup> dose, you must repeat the Anti-HBs blood test after four weeks **on November 10, 2026**
- Submit a copy of repeated lab report to Paramed by the **due date: December 11, 2026**
- If the result is immune/reactive, you are considered fully clear.
- If you are non-immune after the 2<sup>nd</sup> dose, proceed with the 3<sup>rd</sup> dose below.

**3<sup>rd</sup> dose** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (given five months after 1<sup>st</sup> dose)

**Action required:**

- Submit your 3<sup>rd</sup> booster dose to Paramed by the **due date: Feb. 2, 2027**
- After the 3<sup>rd</sup> dose, you must repeat the Anti-HBs blood test after four weeks on **March 2, 2027**
- Submit a copy of the repeated lab report to Paramed by the due date: **March 31, 2027**
- If the result is immune/reactive, you are considered fully clear.
- If you are **still non-immune** and require a **Second Series (4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> doses)**, it is your **responsibility to notify us** regarding your Hep B status. The School of Dental Office will then contact you with the next steps regarding how this may affect your academic progress and participation in dental practice within the program.

**Final Signature of doctor/physician/health care professional:** \_\_\_\_\_ **(pg. 4)**

**Date (mm/dd/yyyy):** \_\_\_\_\_ **(pg. 4)**

**Medical Office Stamp:** \_\_\_\_\_ **(pg. 4)**

**(S113) DENTAL ASSISTING PROGRAM (Due date: August 31, 2026)**

NAME x \_\_\_\_\_ GBP ID# x \_\_\_\_\_

**ADDITIONAL MEDICAL REQUIREMENTS**

**(DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & STAMP)**

Ontario legislation specifies certain surveillance requirements for those entering into healthcare practice settings. The Program policy was developed in accordance with the communicable disease surveillance protocols, specified under the Public Hospitals Act, to meet the requirements of our students' placement settings. This process is necessary to ensure that our students protect their health and safety, and the health and safety of patients, visitors, employees and other students. Other than the influenza vaccine, the completion of this information is not optional, and all sections must be completed as outlined. Our placement partners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your client is unable to receive the 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 requirements at [George Brown Polytechnic-Clinical Placement Office](#)

**2. 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)

**3. COVID-19 VACCINATION (recommended only and attach proof of record)**

1<sup>st</sup> dose Given Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

2<sup>nd</sup> dose Given Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

**4. SEASONAL FLU SHOT (recommended 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)

**5. 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 1<sup>st</sup> 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.

1<sup>st</sup> Dose date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm/ dd / yyy)

2<sup>nd</sup> 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.

**6. VARICELLA (CHICKEN POX) (Two doses vaccine **OR** Laboratory evidence of immunity)**

**Documentation of receipt of two doses of Varivax vaccine** on or after the 1<sup>st</sup> 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.

1<sup>st</sup> Dose date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm/ dd / yyy)

2<sup>nd</sup> 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.

**(S113) DENTAL ASSISTING PROGRAM  
 TWO CONSECUTIVE STEP TB SKIN TEST REQUIREMENT (Due date: August 31, 2026)**

**NAME** x \_\_\_\_\_ **GBP ID#** x \_\_\_\_\_

**7. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (must be 7-21 days apart; valid every year, 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-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 clear and safe to attend their placement? Yes or No

**Final Signature of doctor/physician/health care professional:** \_\_\_\_\_ **(pg. 6)**

**Date (mm/dd/yyyy)** \_\_\_\_\_ **(pg. 6)**

**Medical Office Stamp** \_\_\_\_\_ **(pg. 6)**

**(S113) DENTAL ASSISTING PROGRAM (FALL TERM 2026)**  
**NON-MEDICAL REQUIREMENTS (Due date: August 31, 2026)**

NAME x \_\_\_\_\_ GBP ID# x \_\_\_\_\_

**8. VULNERABLE SECTOR CHECK (must be valid each year from Sept 2026 to June 2027)**

- Your academic department requires that all students must have a “clear” vulnerable sector check valid for the academic year. Please attach the original vulnerable sector check record, submit and upload it to Placement Pass by ParaMed (formerly Requisite) portal. If you are **excluded** from placement due to a **“not clear”** vulnerable sector check, it will jeopardize your academic standing and can lead to withdrawal. Please contact your Associate Dean to discuss this matter before you register and pay for this program. All costs associated with the vulnerable sector check application and additional fees related to fingerprint, court documents and Record Suspension (formerly Pardon) process are responsibility and paid by the student.
- **Are you under 18 years of age? YES \_\_\_\_\_ or NO \_\_\_\_\_ (check mark)**
  - ✓ If your **answer is YES**, your regional police service will NOT accept and deny your vulnerable sector application at this time. They will allow you to apply only after your 18<sup>th</sup> birthday, please contact us for more information, as this may cause a delay in meeting the submission deadline.
  - ✓ If your **answer is NO**, please proceed and follow the instructions according to your Regional Police service below.
- If you have **any history of criminal record or have a 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. Check out the **YouTube tutorial videos** for all the Medical and Non-Medical requirements at [George Brown Polytechnic-Clinical Placement Office](#)

**For students who reside in the Toronto region:** If you need to apply for your VSC and you currently **reside in the Toronto region with a postal code that starts with the letter M, follow these steps:**

- Contact [Suzette Martinuzzi, Clinical Pre-placement Co-ordinator](#) to request the VSC Organization Code.
- Once you have the code, go to the [Toronto Police Service website](#).
- Scroll down to Vulnerable Sector Check, and read the information provided. Then scroll down to the Register for an Adult Police Record Check Account box and select the Fill Out Form button.
- Complete the “Registration Account Information” and select the “Process My Registration” button. This creates your account. Now you must complete the six stages (Report, Documentation, Demographics, Payment Status, Authentication Status, and Application Status) of the VSC application. All six stages are mandatory.
- On the Report Selection page, scroll down to the Vulnerable Sector Check table and choose the Unpaid Student Placement option. Then go to the Reason for the Police Record Check table and complete as follows:
  - ❖ under Course Name, type your course (or program) name
  - ❖ under VSC Organization Code, type in the code provided to you by the Clinical Pre-placement Co-ordinator
  - ❖ under Vulnerable Clientele Duties, type "To provide care, support, and guidance for the health and well-being of vulnerable persons from 1 to 99 years old"
  - ❖ where you have to list which vulnerable sectors you will be working with, type "Children, teenagers, elderly, seniors, and persons with physical and mental disability"
- Finish answering the remaining stages. Note that payment for your online application must be provided by credit card only.
- Once your submission has been finalized, Toronto Police Service will send you an email notification indicating when you will receive your VSC results to your email account. **Processing times typically take 8 to 10 weeks from the date the application is received but may take longer due to volume of requests and/or time of year.**

**For students who currently reside in another region such (Durham , Halton, Hamilton, London, Niagara, Peel & York) or out of province. (If your Postal Code starts with the letter “K, L, N, P”)**

- Please apply for vulnerable sector check at your specific regional police service and it could take 6-8 weeks to process and complete. For more details, visit [Police Vulnerable Sector Check website](#).
- If you require a **volunteer letter** to pay for the student rate (except Peel region), please email us with your full name, GBP ID#, program name and your regional police service complete address. For more details, visit [Vulnerable sector check website](#).

**VULNERABLE SECTOR CHECK RECORD**

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



### George Brown Polytechnic & ParaMed Agreement Form

Name: \_\_\_\_\_

Program: (S113) Dental Assisting-First year Fall 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](mailto:CPOHealthForm@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 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.