

(S115) Dental Office Administration (Fall Term 2026)

New First year: Semester 1 & 2 Students

Due date: September 11, 2026

NEW FIRST YEAR STUDENT CHECKLIST & ACTION REQUIRED

- **Important Notice:** it is your **responsibility** to start and meet all the Health Form requirements outlined below. If you **fail** to complete, submit, and upload these requirements to Placement Pass by ParaMed by the given deadline, you will be **excluded** from dental 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 responsibility of the student.
- Even if you have graduated from another Dental or Health Sciences program either at George Brown Polytechnic or from another college/university/institution **and/or** has experience working in any dental or health related profession, you are mandatory required to complete all the non-medical certificates below. If you **fail** to do so, you will be **excluded** from clinical/dental/field practice which can jeopardize your academic standing & may lead to program **withdrawal**.

MEDICAL REQUIREMENTS (mandatory except Flu Shot)

*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 and must be given after 18 years of age and valid every 10 years*)
- Seasonal Flu Shot (*recommended 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 (*must be valid every year*)
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

NON-MEDICAL REQUIREMENTS CHECKLIST

- [Standard First Aid with CPR level C certificate](#) (must be valid every three years)
- [Basic Life Support \(BLS\) certificate](#) (must be valid each year)
- [Vulnerable Sector Check](#) (must be valid each year)
- [Workplace Hazardous Materials Information System \(WHMIS\)](#) (must be valid every three years)
- ParaMed Placement Pass Service Fees
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form

(ParaMed 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
Monday to Friday (9:00 am-4:00 pm)
 By appointment only.

**NEW FIRST YEAR (S115) DENTAL OFFICE ADMINISTRATION PROGRAM
 PREREQUISITE HEALTH FORM (FALL TERM 2026)**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

Due date: **September 11, 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. Even if you have graduated to another Dental or Health Sciences program either in George Brown Polytechnic or from another college/university/institution **and/or** has experience working in any dental or health related profession, you are mandatory required to complete all the non-medical certificates below. If you **fail** to do so, you will be **excluded** from clinical/dental/field practice which can jeopardize your academic standing & may lead to program **withdrawal**.

1. **TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel vaccine must be valid every 10 years) attach a yellow card or any immunization record.**

Date of last Tdap/Adacel/Boostrix booster ____/____/____(mm/dd/yyyy)

2. **SEASONAL FLU SHOT (recommended every year in November/December)**

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

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 / 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.

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 / 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. 2)**

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

NEW FIRST YEAR (S115) DENTAL OFFICE ADMINISTRATION REQUIREMENTS (Due date: September 11, 2026)

NAME x _____ GBC ID# x _____

- 5. HEPATITIS B INSTRUCTION:** 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.
- 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) (four weeks after your 1st dose)
 - 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 the student safe to attend their placement?** Yes or No

- 6. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (must be valid every year and follow all 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 the student safe to attend their placement? Yes or No

Final Signature of doctor/physician/health care professional: _____ **(pg. 3)**

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ **(pg. 3)**

**NEW FIRST YEAR (S115) DENTAL OFFICE ADMINISTRATION
 NON-MEDICAL REQUIREMENTS (Due date: September 11, 2026)**

NAME x _____ GBC ID# x _____

9. VULNERABLE SECTOR CHECK (must be valid each year)

- 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 Chair 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.*
- 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. *Check out the **YouTube tutorial videos** for all the Medical and Non-Medical requirements at [George Brown College Clinical Placement Office](#)*

Are you under 18 years of age? YES _____ or NO _____ (check mark)

- If your answer is **YES**, please contact us asap as your regional police service will **NOT** accept and deny your vulnerable sector application until after your 18th birthday, please contact us asap for more information.
- If your answer is **NO**, please proceed and follow the instructions according to your Regional Police service below.

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".

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 as ([Durham](#) , [Halton](#), [Hamilton](#), [London](#), [Niagara](#), [Peel & York](#)) or [out of province](#). (If your Postal Code starts with the letter "K, L, N, P", or another province).**
- *Please check your specific regional police service website and they can take 8 to 10 weeks to process your application form.*
- Please apply for vulnerable sector check as it needs to be valid in the academic year, for more details, visit [Police Vulnerable Sector Check website](#). *If you require a volunteer letter in order to pay for the student rate (except Peel region), please email us your full name, GBC ID#, program name and your regional police service complete address. For more details, visit [Vulnerable sector check website](#).*

VULNERABLE SECTOR CHECK

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 website at [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**.
- 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 Polytechnic & ParaMed Agreement Form

Name _____

Program: (S115) DENTAL OFFICE ADMINISTRATION -1st year in Fall Term 2026

I _____ (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.

(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 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.