

**S118 Bachelor of Science in Nursing (Fall Term 2026)**

**Year 2 Semester 3 & 4 students**

**Due date: August 21, 2026**

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**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 fine 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 detail instructions on pgs.**

- Seasonal Flu Shot (*strongly recommended every year in November or December*) **pg. 2**
- Step 1-Tuberculosis Skin Test (must be valid each year for the duration of clinical practice from Jan 2027 to April 2027), **pg. 2**
- Medical Temporary Exception
- Final signature of your doctor/physician and medical office stamp, **pg. 2**

**NON-MEDICAL REQUIREMENTS (Mandatory)**

**Please read all detailed instructions on pages 3-5**

- Vulnerable Sector Check (*must be valid every six months for the duration of clinical practice from Sept 2026 to April 2027*)
- Basic Life Support Certificate (*must be valid each year for the duration of clinical practice from Sept 2026 to April 2027*)
- ParaMed Placement Pass Service Fees, **see below**
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form, **pgs. 3-9**

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

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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, 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, Clinical 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**

**(S118) BACHELOR OF SCIENCE IN NURSING (FALL TERM 2026)  
 YEAR 2 SEMESTER 3 & 4-RENEWAL HEALTH FORM**

Name x \_\_\_\_\_  
 GBC ID# x \_\_\_\_\_  
 Tel x \_\_\_\_\_  
 Email x \_\_\_\_\_  
 Due date: **August 21, 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 (strongly recommended every year in November/December)**

Flu Shot Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm /dd/ yyyy) (attach proof of record)

**2. STEP 1-TUBERCULOSIS SKIN TEST (must be valid every year, read and follow the instructions below)**

- **Negative (-) with less than (< 10 mm):** If your previous Two Consecutive Step-TB Skin Test result was both "Negative with less than (< 10 mm)" induration last year, please ask your doctor to renew your Step 1-TB Skin Test only and document it below.
- **Positive (+) with more than (> 10 mm):** If your previous TB Skin Test result was "Positive with over (> 10 mm)" induration last year, you are **NO longer** required to do any TB Skin Test or Chest X-ray again. Please advise your doctor to do annual physical examination and answer 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 MUST BE (MORE THAN >10 MM) INDURATION  
 DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-G) BELOW:**

- a) Chest X-ray (**attach a copy of the Chest X-ray report valid within 2 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)**

**TEMPORARY EXEMPTION & COMMENTS TO YOUR PARAMED ACCOUNT**  
**(Due date: August 21, 2026)**

NAME x \_\_\_\_\_ GBC ID# 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

**YEAR 2 S118 BScN STUDENTS-RENEWAL FORM**  
**NON-MEDICAL REQUIREMENTS**  
**(Due date: August 21, 2026)**

NAME x \_\_\_\_\_ GBC ID# x \_\_\_\_\_

**4. VULNERABLE SECTOR CHECK (must be valid every six months for the duration of clinical practice Sept 2026 to April 2027)**

**Note:** All students are required to **renew** their police vulnerable sector check every six months and must be valid for the entire academic year. Students cannot attend placement until ParaMed has received the original written police check report. 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 your police check record is a **“Not Clear or Positive”**, you must contact your Chair or academic coordinator to disclose the information and this may **jeopardize** your academic standing and lead to program **withdrawal**.

**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 other 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 police check as it needs to be valid in the academic year, for more details, visit [Vulnerable Sector Check website](#).
- If you require a **volunteer letter** 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 \_\_\_\_\_  
mm / dd / yyyy

Expiry Date \_\_\_\_\_ (six months after the issued date)  
mm / dd / yyyy



## George Brown College & ParaMed-Prerequisites Agreement Form

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

**Program:** Year 2-S118 BScN in 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)

Clinical Pre-placement Office campus locations:

(Mon-Wed) 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront Campus

(Thursday-Friday) 200 King Street East, Room 401B, 4<sup>th</sup> Floor, Building "A", St. James Campus

Business Hours: 8:00 am to 3:30 pm, by appointment only or visit [FT Program Pre-placement](#)

### 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.



## Consent Form for Use and Disclosure of Student Information

GBC ID Number: \_\_\_\_\_ Educational Program: Year 2 BSCN-Fall 2026

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### 1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize your educational Program \_\_\_\_\_ to:

- Collect, use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practical, fieldwork, or preceptorship) as required by your educational program;
- Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.
- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

### 2. Consent Period

This consent is effective immediately and shall remain valid for up to six years, or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

### 3. Your Rights With Respect to This Consent

- 3.1 Right to Refuse Consent** - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.
- 3.2 Right to Review Privacy & Security Policies** - A copy of the document entitled *Identified Purposes and Handling of Personal Information in HSPnet*, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security Policies may be amended from time to time, and you may obtain an updated copy by contacting [privacy@hspanada.net](mailto:privacy@hspanada.net).
- 3.3 Right to Request Restrictions on Use/Disclosure** – You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and receiving agency.
- 3.4 Right to Revoke Consent** - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program. Note that your revocation of this consent, or the voiding of this consent upon your completion or withdrawal from the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.
- 3.5 Right to Receive a Copy of This Consent Form** - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit <https://hspanada.net/privacy-and-security/>

*I hereby authorize my educational Program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date (MM/DD/YYYY)

## Student Declaration of Understanding Workplace Safety and Insurance Board or Private Insurance Coverage for Students on Unpaid Placements

### Student coverage while on unpaid placement:

The government of Ontario, through the Ministry of Colleges and Universities (MCU), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Students enrolled at an Ontario postsecondary institution are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements, either required or optional, that are part of an Approved Program. ([See the Guidelines](#) for details regarding eligibility for Ministry coverage.)

MCU also provides private insurance through Chubb Insurance (formerly ACE-INA) to students should their unpaid placement take place with an employer who is not covered under the Workplace Safety and Insurance Act and limited coverage where eligible placements take place outside of Ontario (international and other Canadian jurisdictions). However, students are advised to maintain insurance for extended health care benefits through the applicable student insurance plan or other insurance plan.

Please be advised that Toronto Metropolitan University (formerly Ryerson University) will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or Chubb claim to MCU.

This Agreement must be completed and signed to indicate the Student Trainee's acceptance of the unpaid work placement conditions, and a copy provided to the Toronto Metropolitan University placement coordinator prior to the commencement of the work placement.

### Declaration:

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Colleges and Universities while I am on an unpaid placement as part of an Approved Program.

I agree that, over the course of my placement, I will participate in and implement all safety-related training and procedures obtained from the University and the Placement Employer. I will provide the University with written confirmation that I have received safety training.

I will promptly inform my Placement Employer of any safety concerns. If these concerns are not resolved, I will contact the University's placement coordinator within my faculty and notify them of any unresolved safety concerns.

I understand that all accidents sustained while participating in an unpaid work placement must be immediately reported to the Placement Employer and my Toronto Metropolitan University placement coordinator. A MCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed and signed in the event of injury and submitted to the University placement coordinator.

In the event of an injury, I consent to the release of my personal information relating to the placement to my Placement Employer and MCU, including address, telephone number, date of birth and social insurance number.

I also agree to maintain regular contact with the University and to provide the University with information relating to any restrictions and my ability to return to the placement.

I understand the implications and have had any questions answered to my satisfaction.

## Student Declaration of Understanding Workplace Safety and Insurance Board or Private Insurance Coverage for Students on Unpaid Placements

Student Full Name:	Student Signature:
Program Name: <b>Year 2 S118 BSCN-George Brown College</b>	Date:
Organization: <b>TORONTO METROPOLITAN UNIVERSITY-CENTRAL PLACEMENT OFFICE</b>	
Total Placement Hours: <i>(See Placement History tab on your HSPnet profile)</i>	Visa Student? <input type="checkbox"/> YES <input type="checkbox"/> NO
Parent/Legal Guardian's Name (for student less than 18 years of age) <i>please print:</i>	
Parent Signature:	Date:

**Collection Notice Regarding Personal Information**

Toronto Metropolitan University protects your privacy and Personal Information. The Personal Information requested on this form is collected under the authority of the *Ryerson University Act, 1977*, in accordance with the *Freedom of Information and Protection of Privacy Act* (“FIPPA”). The information will be used to communicate with the Placement Employer – for example, to confirm eligibility for the Placement or in the event of a workplace accident. Direct any questions about this collection to the Risk & Insurance Officer of the Financial Services Department at Toronto Metropolitan University at [insurance@ryerson.ca](mailto:insurance@ryerson.ca) or visit the website at: <https://www.torontomu.ca/policies/policy-list/information-protection-access-policy/>