

## Welcome New First Year (S121) Practical Nursing students in Spring 2024!

- In preparation of any in-person clinical placement, there are mandatory requirements that you will need to demonstrate completion of, prior to being assigned to a clinical placement. These preclinical requirements could take up to **8 to 10 weeks** to complete, and it is recommended that you provide enough time for the approval process.
- 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 by the **given deadline on July 26, 2024**. A link to the portal can be found at <https://georgebrowncollege.placementpass.ca/>
- If you **fail** to complete, submit, and upload these requirements to ParaMed Placement Pass portal by the **given deadline on July 26, 2024**, you will be **excluded** from clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- 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 (mandatory)

- 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 Requisite Health form with you to document receipt of the following -TDAP, MMR, Varicella, Hep B, Two Step TB Skin Test and Flu Shot requirements. For more information, visit <https://www.georgebrown.ca/current-students/preplacement/forms/sally-horsfall-eaton-school-of-nursing-forms>
- **COVID-19 three doses vaccination (mandatory):** Public Health Ontario continues to recommend that people working with vulnerable communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements.
- If you are **unvaccinated to COVID-19**, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program.
- **Seasonal Flu Shot (mandatory)** please do not worry about the flu shot at this time, if you have everything completed except your new flu shot record, you may submit your health form documents to the Paramed portal by the given deadline.

### Vulnerable Sector Check (mandatory) (renew every year and must be valid in Semester 2 from Sept-Dec 2024)

- **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 6 to 8 weeks to process and receive your VSC record to your email account.
- **For student who currently reside in another region such as (Durham, Halton, Hamilton, London, Niagara, OPP, Peel & York) or Out of Province.** Please apply to your specific regional police service website **and they will take 6 to 8 weeks to complete and receive your VSC record.**
- 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.

### Standard First Aid (mandatory) (renew every 3 years) & Basic Life Support Certificate (renew every year & must be valid in Semester 2 from Sept-Dec 2024)

- All students must have a current SFA & BLS certificate in order to participate in practicum. If you live in Toronto region, you may register for this course at Peak Excellence Shop at <https://www.peakexcellenceshop.com/> or at any WSIB Approved First Aid Trainers, for more information visit this link <https://www.georgebrown.ca/current-students/preplacement/additional-requirements/certificates>
- **No temporary certificate will be accepted.**

### Mask Fit Test 3M N95 Certificate (mandatory) (renew every two years & must be valid in Semester 2 from Sept-Dec 2024)

- All students must have a valid mask fit test certificate. We will accept your mask fit test certificate either from your workplace or other agency as long as it is valid within 2 years. If you need to complete this step, please book your mask fit testing at Peak Excellence Shop company online at <https://www.peakexcellenceshop.com/> and check their Certificate Packages or go to other third-party agency.

**FINAL STEP:** Once you have everything completed and done and officially registered to your Stu-View account, your final step is to create an account, submit and upload your completed health form documents to the **ParaMed Placement Pass website** at <https://georgebrowncollege.placementpass.ca/> by the given deadline.

### (Paramed Service fees from June 1, 2022 to May 31, 2025)

- Initial Submission Fee-\$59.47 dollars (submission of health form, RN fee and medical records access online)
- Resubmission Fee (due to a Deficiency List Form) - \$26.10 dollars

### SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

- **Suzette Martinuzzi**, Pre-placement Coordinator  
Center for Health Sciences-Clinical Placement Office  
George Brown College, 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor,  
Main Reception Desk, Waterfront campus, Toronto, ON, M5A 0B6  
**Telephone:** (416) 415-5000 ext. 3415  
**Email:** [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca)  
**Business Hours:**  
Monday to Wednesday (9:00 am to 3:00 pm) 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront campus  
Thursday-Friday (9:00 am to 3:00 pm) 200 King Street East, Room 401B, 4<sup>th</sup> Floor, Main Building A,  
St. James campus

**(S121) Practical Nursing (Spring Term 2024)**  
**New First year students: Semester 1 & 2**  
**Prerequisites Health Form deadline: July 26, 2024**

**MEDICAL REQUIREMENTS CHECKLIST (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 and follow all the instructions on this form. Public Health Ontario continues to recommend that people working with vulnerable communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements.

- Tetanus, Diphtheria & Pertussis (*Tdap/Adacel/Boostrix vaccine valid every 10 years & attach yellow card record*)
- COVID-19 three doses vaccination (*mandatory and attach proof of record*)
- Seasonal Flu Shot (*mandatory 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 (start your TB Skin Test after April 1<sup>st</sup>, 2024, as it needs to be valid for the entire academic year)**
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

**ADDITIONAL REQUIREMENTS CHECKLIST (Mandatory)**

---

Please read and follow all detailed instructions on this form *and start all these non-medical requirements after April 1<sup>st</sup>, 2024, as it needs to be valid for the entire academic year.*

- [Vulnerable Sector Check](#)-(*renew every year and must be valid in Semester 2 from Sept-Dec 2024*)
- [Standard First Aid Certificate](#) (*renew every three years and must be valid in Sem 2 from Sept-Dec 2024*)
- [Basic Life Support Certificate](#) (*renew every year and must be valid in Sem 2 from Sept-Dec 2024*)
- [Mask Fit Test 3M N95 Certificate](#) (*renew every two years and must be valid in Sem 2 from Sept-Dec 2024*)
- 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

**PARAMED PLACEMENT PASS SERVICE FEES**  
*(rates are subject to change without further notice)*

---

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** at <https://georgebrowncollege.placementpass.ca/> 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**.

**(Service fees from June 1, 2022 to May 31, 2025)**

- Initial Submission Fee-\$59.47 dollars (submission of health form, RN fee, archives & medical records access online)
- Resubmission Fee (due to a Deficiency List Form) - \$26.10 dollars

**SHOULD YOU HAVE ANY QUESTIONS-PLEASE CONTACT:**

---

- **Suzette Martinuzzi**, Pre-placement Coordinator  
 Sally Horsfall Eaton School of Nursing-Clinical Placement Office  
 George Brown College  
**Telephone:** (416) 415-5000 ext. 3415  
**Email:** [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca)  
**Business Hours:**  
 Monday-Wednesday (9:00 am to 3:00 pm)-51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront campus  
 Thursday-Friday (9:00 am to 3:00 pm) 200 King Street East, Room 401B, 4<sup>th</sup> Floor, Main Building A, St. James campus

**(S121) PRACTICAL NURSING PROGRAM  
NEW FIRST YEAR PREREQUISITE HEALTH FORM (SPRING TERM 2024)**

Name x \_\_\_\_\_  
 GBC ID# x \_\_\_\_\_  
 Tel x \_\_\_\_\_  
 Email x \_\_\_\_\_  
 Submission deadline: **July 26, 2024**

**MEDICAL REQUIREMENTS (Mandatory)  
(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 Health Ontario, OHA, OMA and LTCAO 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, 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. Check out and watch our YouTube Tutorial Videos at <https://www.youtube.com/channel/UCiQndxFUqeBVhjB3QKPQ91w>*

1. **TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel/Boostrix) vaccine must be valid every 10 years) attach a yellow card or any immunization record.**  
 Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix) booster \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)
  
2. **COVID-19 VACCINATION (mandatory and attach proof of record):** Public Health Ontario continues to recommend that people working with vulnerable communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements. If you are **unvaccinated to COVID-19**, please contact us to discuss how this will have a negative impact to your academic and clinical standing in the program.  
 1<sup>st</sup> dose Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)  
 2<sup>nd</sup> dose Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)  
 3<sup>rd</sup> dose Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)  
 Proof of approved **exemption** status
  
3. **SEASONAL FLU SHOT (mandatory every year in November or December) (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)  
 Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_(mm / dd / yyyy) (attach proof of record)
  
4. **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 / 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.
  
5. **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 / yyyy)  
  
 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.

**Final Signature of doctor/physician/health care professional** \_\_\_\_\_ **(pg. 3)**

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

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

- 6. HEPATITIS B INTRUCTIONS:** 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 the 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 2<sup>nd</sup> 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)**

- 1<sup>st</sup> dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/ dd / yyyy)
- 2<sup>nd</sup> dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/ dd / yyyy)
- 3<sup>rd</sup> dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (five months after 1<sup>st</sup> 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)**

- 4<sup>th</sup> dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/ dd / yyyy)
  - 5<sup>th</sup> dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/ dd / yyyy)
  - 6<sup>th</sup> dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (five months after 4<sup>th</sup> 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

- 7. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (renew every year) (start this after April 1, 2024, read and follow instructions below and watch our YouTube Tutorial Videos at <https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w>)**

- 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**”, renew 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-F) 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) \_\_\_\_\_

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

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







Student Number: \_\_\_\_\_ Educational Program: S121 PN Sem 1-Spring 2024

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@hspcanada.net](mailto:privacy@hspcanada.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://hspcanada.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)