(S121) Practical Nursing (Winter Term 2027)
2ND Year: Returning Semester 4 students
Due Date: November 20, 2026

RETURNING STUDENTS CHECKLIST & ACTIONS REQUIRED

IMPORTANT NOTICE:

- If you are planning to continue your studies in this program, it is your responsibility to meet all the health form requirements outlined below. This process could take **8 to 10 weeks** to complete, and you must have a "clear" vulnerable sector check valid every six months and for the entire duration of your clinical practice course per semester.
- Please **be aware that** your ParaMed portal account may appear **as "Clear**", but it **may not apply to your latest placement**. It is your responsibility that you sign in to your Paramed account and make sure that your renewals are all valid for the entire duration of your Clinical Practice per semester. If your documents expire during the semester, you will not be cleared.

MEDICAL REQUIREMENTS (mandatory)

Please watch our YouTube Tutorial Videos in How-To process and complete all the Renewal requirements outlined below at **https://www.youtube.com/channel/UClQndxFUqeBVhjB3QKPQ91w** . ***Please read all detail instructions on pgs. 2 & 3***

- ☐ Seasonal Flu Shot *(strongly encouraged every year in November or December)* ***pg. 2***
- ☐ Step 1-Tuberculosis Skin Test *(must be renewed every year and valid from January-April 2027)*, ***pg. 2***
- ☐ Temporary Medical Exception, ***pg 3***
- ☐ Final signature of your doctor/physician and medical office stamp, ***pg 2***

NON-MEDICAL REQUIREMENTS (mandatory)

Please watch our YouTube Tutorial Videos in How-To process and complete all the Renewal requirements outlined below at **https://www.youtube.com/channel/UClQndxFUqeBVhjB3QKPQ91w** . Please read all detailed instructions.

- ☐ Vulnerable Sector Check *(must be renewed every six months and valid from January-April 2027)*
- ☐ Basic Life Support certificate *(must be renewed every year and valid from January-April 2027)*
- ☐ ParaMed Placement Pass Service Fees
- ☐ Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates, Agreement and HSPnet Forms

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

Once you have all required renewals, your final step is to log-in and upload your completed Health Form documents to the **ParaMed Placement Pass website** at **https://georgebrowncollege.placementpass.ca/** by the given deadline.

Service Fees effective on September 1st, 2026

- Initial Clearance Fee- $73.45 tax included (unlimited submission of health form, status reports and medical access online, student pay & non-refundable per academic year)
- Subsequent Clearance Fee-$36.73 tax included (unlimited submission of health form, status reports and medical access online, student pay & non-refundable per academic year)

CONTACT US

- Suzette Martinuzzi, Clinical Pre-placement Coordinator
- email **CPOHealthForm@georgebrown.ca**Telephone# (416) 415-5000 ext. 3415
- Business Hours: Monday-Friday (9:00 am-4:00 pm)
- By appointment only

(S121) PRACTICAL NURSING PROGRAM-2nd YEAR SEMESTER 4 STUDENTS
RENEWAL HEALTH FORM (WINTER TERM 2027)

Name x_____
GBC ID# x_____
Tel x_____
Email x_____
Due Date: November 20, 2026

MEDICAL REQUIREMENTS
(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.

COVID-19 Vaccination Update: 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.

1. **SEASONAL FLU SHOT** ***(strongly encouraged every year in November/December and attach proof of record)***

   ☐ *Seasonal Flu Shot Given Date_____/_____/_____(mm/dd/yyyy)*

2. **STEP 1-TUBERCULOSIS SKIN TEST (must be renewed every year and watch the YouTube tutorial video at https://youtu.be/X5UYciWHhRI)**

   - **Negative (-) (less than < 10 mm induration)** If your previous Two Consecutive Step-TB Skin Test results was both **"**Negative with less than (< 10 mm)" induration from last year, please ask your doctor to renew your Step 1-TB Skin Test only and document it below.
   - **Positive (+) (more than > 10 mm induration**) If your previous TB Skin Test result was "Positive with (over > 10 mm induration) from last year, you are **NO longer** required to do anymore TB Skin Test or Chest X-ray again. Please advise your doctor to do annual TB physical examination and must complete letters **(A-F)** below. No Exceptions!

STEP 1-TB SKIN TEST (must be renewed every year)

_____/_____/_____

(Given Date: mm / dd / yyyy) *(Date Read: 48-72 hours after date given)* *(Induration Size) (mm)*

TB SKIN TEST POSITIVE WITH MORE THAN >10 MM INDURATION
DOCTOR/PHYSICIAN MUST DO ANNUAL TB PHYSICAL EXAM & COMPLETE LETTERS (A-G) BELOW:

a) **Chest X-ray** ***(attach a copy of the Chest X-ray report valid every two 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 (local Public Health) Referred? Yes or No Date (mm/dd/yyyy) _____

g) Is this student safe to attend clinical? Yes or No

Final Signature of doctor/physician/health care professional_____ **(pg. 2)**

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

S121 PN SEMESTER 4 STUDENTS
TEMPORARY MEDICAL EXCEPTION
(Due date: November 20, 2026)

NAME x_____ **GBC ID#** x_____

3. **Did you receive a Temporary Medical Exception from your last submission to your Placement Pass account? If so, go to Section A. If not, go to Section B.** **(Check out and watch the YouTube tutorial video at https://youtu.be/VStSGYVCd80)**

Section A)

- You must sign-in to your 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 Placement Pass will mark you as **NOT CLEAR** and you will be **EXCLUDED** from clinical 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 have already received a **ParaMed Clear Certificate stamp** from your previous health form documents, 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. But you are still required to check all items above and are valid for the entire duration of clinical practice per semester.

(S121) PN RETURNING SEMESTER 4 STUDENT
NON-MEDICAL REQUIREMENTS (Due date: November 20, 2026)

NAME x_____ **GBC ID#** x_____

4. VULNERABLE SECTOR CHECK (must be renewed every six months and valid from Jan-April 2027)

- Check out and watch the YouTube tutorial video at https://youtu.be/8auz6D_mspQ)
- Please make sure that your renewal documents are valid and will **not** expire for the entire duration of your clinical practice before you submit and upload it to ParaMed. If you fail to do so, you will not be cleared and will be ineligible for clinical practice.
- Please attach the original vulnerable sector check record and submit to ParaMed. 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 and academic coordinator 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 the responsibility and paid by the student.

For students who currently reside in the Toronto region with a postal code that starts with the letter "M". Please read and follow carefully the new Step-by-Step Instructions in How-To apply for Toronto Police Service Vulnerable Sector Check online below:

- Go to Toronto Police Service website at **www.tps.ca/services/police-record-checks/**
- Scroll down to Police Record Checks and Register for an Adult Police Record Check Account (gold box) and then click on the Fill-Out Form button.
- It is mandatory that you answer and complete all six stages of your application form such as the (Report, Documentation, Demographics, Payment Status, Authentication Status and Application Status stages)
- Please make sure that you apply for Vulnerable Sector Check and click on $26.72 dollars Unpaid Student Placement.
    a. **Under VSC Organization Code:** type the code given to you by Clinical Placement Coordinator
    b. **Under registered Course or Program Name:** type your registered course or program name
    c. **Under Vulnerable Clientele Duties:** type "to provide care, support and guidance for the health and well-being of vulnerable persons from 1-99 years old"
    d. **Under List which vulnerable sectors you will be working with:** type "children, youth, elderly, seniors and person with physical and mental health disability.
- Once you finish answering all six stages, you must finalize your submission and pay for your online application by credit card only.
- Toronto Police Service will send you an email notification as to when you will receive your Vulnerable Sector Check record to your email account.
- Processing times typically take **8 to 10 weeks** from the date the application is received but may fluctuate, due to high volume of requests and time of year. **No rush or expedited service available.**
- Once you receive your VSC record in a PDF file to your email account, please make sure that you remove the password before submit and upload it to the ParaMed portal because they will not be able to open it and they will mark you as not clear to your portal account.

For students who currently reside in another region such as (Durham, Halton, Hamilton, London, Niagara, Peel & York) or Out of Province

- If you currently in another region such as (Durham, Halton, Hamilton, London, Peel & York) **or Out of Province,** please apply and check your specific regional police service website and they can take **6 to 8 weeks** to process your application and receive your VSC record.
- If you require a **volunteer letter** to pay for the student rate **(except Peel region),** please email us with 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***_____/_____/_____ ***(must be renewed every six month***

(S121) PN RETURNING SEMESTER 4 STUDENTS
NON-MEDICAL REQUIREMENTS (Due date: November 20, 2026)

NAME x_____ **GBC ID#** x_____

5. **BASIC LIFE SUPPORT CERTIFICATE (must be renewed every year and valid from Jan-April 2027)**
   (Check out the YouTube tutorial video at https://youtu.be/86LxxQpVV9s)
   - It is mandatory that you register for *Basic Life Support certificate* either in person or Blended Format training and valid for the entire academic year. If you live in Toronto region, please check the **Critical Care Sim Institute website at** criticalcaresiminstitute.ca for their discounted rate. For the list of First Aid Approved Trainers, ***click here*** for more information or you can register at any First Aid Trainers available in your area. Please bring your original certificate card and photocopies at your scheduled appointment with Paramed.
   - Please make sure that your renewal documents are valid and will **not** expire for the entire duration of your clinical practice before you submit and upload it to ParaMed. Otherwise, you will not be cleared and will be ineligible for the upcoming clinical placement.

Basic Life Support Certificate

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

FINAL STEP:

- Once you have everything completed, your final step is to log-in, submit and upload your Health Form documents to the **ParaMed Placement Pass website** at **https://georgebrowncollege.placementpass.ca/** by the given deadline. Check out the YouTube tutorial videos at **https://youtu.be/4BcV8TqTMDU** . After this step, it is mandatory that you keep all your original health form documents and certificates, as you need to show this proof of records to your upcoming placement agency and for future reference.

George Brown College & ParaMed Agreement Form

Name *x*_____

Program: (S121) PN Returning Semester 4 Students Winter 2027

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**
Virtual Business Hours: 9:00 am to 3:30 pm, by appointment only

FREEDOM OF INFORMATION ANDPROTECTION 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, Regulation77 and the Public Hospital Act R.S.O.1980 Chapter 410, R.S.O. 1986, Regulations65 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

Student Number:_____ Educational Program: S121 PN Sem 4 Winter 2027

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 withdraw al 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 w ill 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.

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)**