

Welcome New First Year (S134) Dental Hygiene students!

- 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 takes **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.
- Once you have gathered all the necessary documents, you will need to create an account, upload and submit all documents, certificates and evidences to the ParaMed Placement Pass portal by the **given deadline on August 21, 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 21, 2026**, you will be **excluded** from dental 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.
- Please **note** that 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**.

Below is a summary of all MANDATORY 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 Health form with you to document receipt of the following -TDAP, MMR, Varicella, Hepatitis B and Two Step TB Skin Test requirements. For more information, visit [School of Dental Health Prerequisite Health Forms](#)
- **COVID-19 vaccination (recommended only):** Some of the placement agency partners for this program may require our students to be provide proof of COVID-19 vaccination to be approved to complete dental 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 maybe at risk of not being able to complete their dental placement course requirements.
- **Seasonal Flu Shot**-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.
- **SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS:**
You may start all medical requirements from your home country to help you save time and money before you arrive in Canada (except the Flu shot which you can get it done here in Nov/Dec). Please book an appointment with your family doctor/physician from your home country and bring this health form with you and start working on all the medical requirements there. Please make sure that your doctor complete, sign and stamp this form and all the supporting medical documents are translated in English Language. If you fail to do so, you will pay all the extra medical costs and doctor's appointment here in Canada.

Vulnerable Sector Check (must be valid each year from September 2026 to April 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 6 to 8 weeks to process and receive your VSC record to your email account. (see page 5)
- **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 for more information. (see page 5)
- 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.
- **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".

Workplace Hazardous Materials Information System (WHMIS) certificate (must be valid for three years from Sept 2026-April 2027)

- You may register for WHMIS Healthcare online training either at [Critical Care Sim Institute](#) or at [Peak Excellence Shop](#) and register for this course or at any organization or at your workplace.

Basic Life Support Certificate (must be valid each year from Sept 2026 to April 2027)

- All students must have a current Basic Life Support (renew every year), to participate in dental practicum. Please register for this course at any Ontario WSIB Approved First Aid Trainers, for more information visit this [Workplace Safety and Insurance Board \(WSIB\) approved First Aid Training](#) (fees apply)
- Please **do not** register 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. (see page 6)

CONTACT US:

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

(S134) Dental Hygiene Program (Fall Term 2026)

New First Year Student: Semester 1 & 2

Due Date: August 21, 2026

MEDICAL REQUIREMENTS CHECKLIST

- Tetanus, Diphtheria & Pertussis vaccine (Td vaccine must be valid every 10 years)
- COVID-19 two doses vaccination (recommended only)
- 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 7-21 days apart and valid every year)
- Final signature of your doctor/physician and medical office stamp
- Yellow immunization card or any type of immunization records

NON-MEDICAL REQUIREMENTS CHECKLIST (Mandatory)

- [Vulnerable sector check](#) (*must be valid each year from Sept 2026 to April 2027*)
- [Workplace Hazardous Materials Information System \(WHMIS\)](#) (*must be valid every for three years from Sept 2026 to April 2027*)
- [Basic Life Support certificate](#) (*must be valid each year 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

PARAMED PLACEMENT PASS SERVICE FEES

(Rates are subject to change, student pays)

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
Business Hours and Locations
Monday to Friday (9:00 am-4:00 pm)
By appointment only

**(S134) DENTAL HYGIENE PROGRAM
 NEW FIRST YEAR PREREQUISITE HEALTH FORM (FALL TERM 2026)**

Name x _____
 GBP ID# x _____
 Tel x _____
 Email x _____
 Due date: August 21, 2026

**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 and Non-Medical requirements at <https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w>

1. **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)

2. **COVID-19 VACCINATION (recommended only and attach proof of record):**
 1st Dose Date ____/____/_____(mm / dd/ yyyy)
 2nd Dose Date ____/____/_____(mm/ dd /yyyy)

3. **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)

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 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.

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

**(S134) FIRST YEAR DENTAL HYGIENE PROGRAM
 NON-MEDICAL REQUIREMENTS (Due Date: August 21, 2026)**

NAME x _____ GBP ID# x _____

8. VULNERABLE SECTOR CHECK (must be valid each year from Sept 2026-April 2027)

Important Note: 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 the record, submit and upload it to Placement Pass by ParaMed 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 Polytechnic-Clinical Placement Office](#)

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 18th 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.

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 are 18 years of age or older and 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 Out of 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, GBP 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)

George Brown Polytechnic & ParaMed Agreement Form

Name _____

Program: (S134) Dental Hygiene-First 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 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.

(Signature) (Date)

Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email 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.