

Welcome New S404 Perinatal Intensive Care students in Fall Term 2026!

- As part of this program, you will be provided with an opportunity to participate in a clinical placement in a health care setting. In preparation for your placement experience, there are mandatory requirements that you will need to complete ahead of time. The Clinical Placement Office recommends that you begin gathering the necessary documentation now, in order to be able to submit them 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 evidence to the electronic Paramed Placement Pass website by the **given deadline on October 13, 2026**. A link to the portal can be found at [Paramed Placement Pass](#)
- If you **fail** to complete, submit, and upload these requirements to Requisite Portal by the **given deadline on October 13, 2026**, you will be **excluded** from clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- 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**.
- All costs, service fees and fine associated with the overall medical and additional requirements are 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

- 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 [Sally Horsfall Eaton School of Nursing Prerequisite Health Forms](#)
- COVID-19 vaccination:** 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**-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.
- Please **do not** register for an Emergency First Aid course or 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.

Vulnerable Sector Check (must be valid every year from September-December 2026)

- 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 **8 to 10 weeks** to process and receive your VSC record to your email account.
- For student who currently reside in another region such as as Durham , Halton, Hamilton, London, Niagara, Peel & York) or out of province.** Please apply to your specific regional police service website after July 1st, 2025.
- 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.

Basic Life Support and Neonatal Resuscitation Certificate (must be valid for two years from Sept-Dec 2026)

- All students must have a current BLS and NRP certificate in order to participate in practicum. If you live in Toronto region, you may register for this course at [Critical Care Sim Institute](#), [Peak Excellence Shop](#) and for more information visit this link [WSIB Approved First Aid Trainers](#)
- No temporary certificate will be accepted.**

Mask Fit Test 3M N95 Certificate (must be valid for two years from Sept-Dec 2026)

- 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 [Critical Care Sim Institute](#), [Peak Excellence Shop](#) 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](#) 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:

- Suzette Martinuzzi**, Pre-placement Coordinator
Telephone: (416) 415-5000 ext. 3415 , **Email:** CPOHealthForm@georgebrown.ca
Business Hours and Locations
Monday to Fridayday (9:00 am-4:00 pm) by appointment only

(S404) Perinatal Intensive Care (Fall Term 2026)
New First Year Independent/Non-Sponsored students
Due date: October 13, 2026

MEDICAL REQUIREMENTS CHECKLIST

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 vaccine (Tdap/Adacel vaccine must be valid every 10 years)
- ☐ Pertussis vaccine (must provide proof of adult dose received after 18 years of age)
- ☐ COVID-19 two doses vaccination (strongly recommended and attach proof of record)
- ☐ 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
- ☐ Yellow immunization card or any type of immunization records
- ☐ Final signature of your doctor/physician and medical office stamp

NON-MEDICAL REQUIREMENTS CHECKLIST (Mandatory)

Please read and follow all detailed instructions on this form.

- ☐ [Vulnerable Sector Check](#) (must be valid each year from Sept to December 2026)
- ☐ [Neonatal Resuscitation Certificate](#) (must be valid for two years from Sept to December 2026)
- ☐ [Basic Life Support Certificate](#) (must be valid for two years from Sept to December 2026)
- ☐ [Mask Fit Test 3M N95 Certificate](#) (must be valid for two years from Sept to December 2026)
- ☐ ParMed 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](#) 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 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)

SHOULD YOU HAVE ANY QUESTIONS-PLEASE CONTACT:

- **Suzette Martinuzzi**, Pre-placement Coordinator
 Telephone: (416) 415-5000 ext. 3415
 Email: CPOHealthForm@georgebrown.ca
Business Hours and Locations
Monday to Wednesday (9:00 am-4:00 pm) at 51 Dockside Drive, Room 702, 7th Floor, Waterfront campus, Toronto, ON M5A 0B6
Thursday to Friday (9:00 am-4:00 pm) at 200 King Street East, Main Building "A", 4th Floor, Room 401B, St. James Campus, Toronto, ON M5A 3W8

**(S404) PERINATAL INTENSIVE CARE PROGRAM FOR INDEPENDENT/NON-SPONSORED STUDENT ONLY
PREREQUISITE HEALTH FORM (FALL 2026)**

Name x _____
 GBP ID# x _____
 Tel x _____
 Email x _____
 Due Date: **October 13, 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 OHA, OMA and 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 a 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 [George Brown Polytechnic-Clinical Placement Office](#)

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 (strongly recommended and attached 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 further discuss how this will have a negative impact to your academic and clinical standing in the program.
☐ 1st dose Given Date ____/____/____ (mm/dd/yyyy) (attach proof of record)
☐ 2nd dose Given Date ____/____/____

3. **SEASONAL FLU SHOT (recommended 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.
☐ Seasonal Flu Shot Given Date ____/____/____ (mm / dd / yyyy) Health care professional signature _____

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)**

(S404 PICN) MEDICAL REQUIREMENTS (Due date: October 13, 2026)

NAME x _____ GBP ID# x _____

HEPATITIS B INSTRUCTIONS: 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 to the form as outlined below. Check out the [YouTube tutorial videos](#) for all the Medical and Non-Medical requirements at [George Brown Polytechnic-Clinical Placement Office](#)

- ☐ **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)
 - 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 clear and safe to attend their placement? Yes or No

6. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (must be 7-21 days apart, read and follow 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!
- Check out the [YouTube tutorial videos](#) for all the Medical and Non-Medical requirements at [George Brown Polytechnic-Clinical Placement Office](#)

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 2 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 clear and safe to attend their placement? Yes or No

Final Signature of doctor/physician/health care professional: _____ (pg. 4)

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

(S404 PICN) NON-MEDICAL REQUIREMENTS (Due date: October 13, 2026)

NAME x _____ GBPID# x _____

7. NEONATAL RESUSCITATION PROGRAM (must be valid every two years) & BASIC LIFE SUPPORT (BLS) CERTIFICATE (must be valid every two years)

- It is mandatory that you register either in-person or blended format training class. You can check either [Critical Care Sim Institute](#), [Peak Excellence Shop](#) or [VitalCPR](#) or [SOS First Aid](#) websites or [Ontario WSIB Approved First Aid Trainers](#) for the list available in your area.
- **Do not** register for **this course 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.
- Please submit and upload your official certificate to your ParaMed Placement Pass account and attach it on the health form. (**NO** temporary certificate accepted).
- **SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY:** The SFA and CPR level C course cannot be started until you are physically in Ontario, Canada. It is essential that you begin that you register as soon as you arrive, settled, and have an official address here in Ontario, Canada. Please contact me for more information.

Neonatal Resuscitation Certificate

☐ **Issued Date** ____/____/____ **Expiry Date** ____/____/____ (two years after the issued date)
 (mm / dd / yyyy) (mm / dd / yyyy)

Basic Life Support Certificate

☐ **Issued Date** ____/____/____ **Expiry Date** ____/____/____ (two years after the issued date)
 (mm / dd / yyyy) (mm / dd / yyyy)

8. MASK FIT TEST 3M N95 CERTIFICATE (must be valid every two years from Sept-Dec 2025)

- If you reside in Toronto region, you can get the qualitative mask fit test either from your workplace or at [Critical Care Sim Institute website](#), [Peak Excellence Shop](#) and check their Certificate Packages.
- Also you can book either at [ParaMed Home Health Care](#) or [SOSFirstAid](#) or at any third-party company closer to your area, as long as you have proof of valid certificate.
- All male students must be clean-shaven the same day at your scheduled appointment. No facial hair or jewelry that may interfere with the seal of the mask.
- Please do not eat, drink, smoke or chew gum one hour prior to your appointment.
- All nursing students must be tested and fitted for an appropriate qualitative mask (respirator) during this pandemic and in the event of flu (or other airborne/droplet) outbreak.
- Certificate/card must clearly state the mask model, type, and size and always carry it during placement.

Mask Fit Test Certificate

☐ **Issued Date** ____/____/____ **Expiry Date** ____/____/____ (two years 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 at [ParaMed Placement Pass website](#)
- 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 (S404) Perinatal Intensive Care in Fall 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.

Consent Form for Use and Disclosure of Student Information

Student Number: _____ Educational Program: (S404 PICN) in 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@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 [HSPnet](https://www.hspnet.ca)

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)