

Welcome (S414) RN Operating Room Perioperative New Semester 1 students!

- 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 May 11, 2026**. A link to the portal can be found at [ParaMed Placement Pass](#) website.
- If you **fail** to complete, submit, and upload these requirements to ParaMed Placement Pass portal by the **given deadline on May 11, 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 College or from another college, university or institution **and/or** have experience working in any health-related profession, you are still required to complete all the requirements outlined below. If you **fail** to do so, 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

- 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, Hep B, Two Step TB Skin Test and Flu Shot requirements. For more information, [Visit our Prerequisite Health Forms by Program page](#).
- COVID-19 two doses 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.
- **IF YOU ARE EXPECTING OR PREGNANT**, please talk to your doctor about the medical requirements and you must contact us as this may impact 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.
- **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 over 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 every year for the entire duration of clinical practice from May-August 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 ([Durham](#), [Halton](#), [Hamilton](#), [London](#), [Niagara](#), [Peel](#) & [York](#)) or [out of province](#), please apply directly to your specific regional police service online and it could take 8-10 weeks to complete and receive it.
- **If you have any history of criminal records**, 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 Certificates (*must be valid every two years for the entire duration of clinical practice from (May-Aug 2026)*)

- All students must have a current BLS certificate to participate in practicum. You may register for this course at any WSIB Approved First Aid Trainers available in your area.

Mask Fit Test 3M N95 Certificate (*must be valid every two years for the entire duration of clinical practice from May-August 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 if it is valid within 2 years. If you need to complete this step, please book your mask fit testing at any 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)

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 Friday (9:00 am-4:00 pm)
by appointment only

(S414) RN Operating Room Perioperative Program (Spring Term 2026)

New First year: Semester 1 students

Due Date: May 11, 2026

MEDICAL REQUIREMENTS CHECKLIST (Mandatory)

Important instructions: 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. **Please watch our YouTube Tutorial Videos in How-To process and complete all the requirements outlined below at [George Brown College Clinical Placement Office](#).**

- Tetanus, Diphtheria & Pertussis vaccine (Tdap/Adacel vaccine must be valid every 10 years)
- COVID-19 three doses vaccination (strongly encourage 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 (must be valid every year)
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

NON-MEDICAL REQUIREMENTS CHECKLIST (Mandatory)

- [Vulnerable Sector Check website](#) -(must be valid every year for the entire duration of Clinical Practice from May-Aug 2026)
- [Basic Life Support Certificate](#) -(must be valid every two years for the entire duration of Clinical Practice from May-Aug 2026)
- [Mask Fit Test 3M N95 Certificate](#) -(must be valid every two years for the entire duration of Clinical Practice from May-Aug 2026)
- [Paramed Placement Pass Service Fees](#)
- 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, 2024)

- Initial Clearance Fee-\$73.45 dollars (tax included, student will pay and it is non-refundable)

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

**(S414) RN OPERATING ROOM PERIOPERATIVE PROGRAM-
NEW STUDENT PREREQUISITE HEALTH FORM (SPRING TERM 2026)**

Name x _____
 GBC ID# x _____
 Tel x _____
 Email x _____
 Due Date: **May 11, 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 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. **IF YOU ARE EXPECTING OR PREGNANT**, please talk to your doctor about the medical requirements and you must contact us as this may impact your academic and clinical standing in the program.*

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 (Td/Adacel) booster ____/____/____(mm/dd/yyyy)

2. **COVID-19 VACCINATION (strongly encourage 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 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)
 2nd dose Given Date ____/____/____(mm/dd/yyyy)
 Proof of approved exemption status

3. **SEASONAL FLU SHOT (strongly encourage 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 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 / yyy)

 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)**

**(S414) RN ORP IN SPRING 2026
NON-MEDICAL REQUIREMENTS (Due Date: May 11, 2026)**

NAME x _____ GBC ID# x _____

8. VULNERABLE SECTOR CHECK APPLICATION PROCESS (must be valid each year)

- Your academic department requires that all students must have a “clear” Vulnerable Sector Check which includes both a criminal record check and a search of sex offenders, valid for the academic year. Please attach the original VSC record, submit and upload it to Paramed Placement Pass. If you are **excluded** from placement due to a “not clear” vulnerable sector check record, it will jeopardize your academic standing and can lead to withdrawal. Please contact the CPO Manager/Associate Dean to discuss this matter before you register and pay for this program. All costs associated with the police 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 records**, 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 non-medical requirements at [George Brown College Clinical Placement Office](#).

For students who currently reside in the Toronto region with a postal code that starts with the letter “M”, it is important that you 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 8-10 weeks from the date the application is received but may take longer due to volume of requests and/or time of year.**

For student who currently reside in another region such as ([Durham](#) , [Halton](#), [Hamilton](#), [London](#), [Niagara](#), [Peel](#) & [York](#)) or [out of province](#). (If your Postal Code starts with the letter “K, L, N, P”, or Out of Province).

- Please check your specific regional police service website, and they take **8 to 10 weeks** to process and issue your vulnerable sector check.
- If you require a **volunteer letter** to pay for the student rate (except Peel region), please email us your full name, GBC ID#, program name and your regional police service complete business address. For more details, visit [Vulnerable Sector Check website](#). If you do not receive your VSC after 6 weeks, it is your responsibility to contact and follow-up with your specific Regional Police Service.

**VULNERABLE SECTOR CHECK
(must be valid each year)**

Issued Date ____/____/____ Expiry Date ____/____/____ (one year after the issued date)
mm/ dd / yyyy mm/ dd / yyy

George Brown College & ParaMed Agreement Form

Name x _____

Program (S414) RN Perioperative-SPRING Term 2026

I x _____ (print name) understand that any false statement is grounds for cancellation of admission.

I understand that the college has the right to cancel my admission privilege on the basis of medical information submitted or withheld. I understand that it is my responsibility to inform the appropriate George Brown College personnel of any communicable disease, special need, exception or medical condition which may place me at risk or pose a risk to others at George Brown College or on placement.

I will pay all the services fees and authorize ParaMed to review the above information.

x _____
(Signature) (Date)

Element of Risk

All experiential learning programs, such as field trips, clinical and field placements or job shadowing involve certain elements of risk. Injuries may occur while participating in this activity without any fault of the student, the placement or the college. By taking part in this activity, you are accepting the risk that you may be injured. Following the Health and Safety rules of your placement is required. By signing below you agree that you have reviewed the element of risk and are willing to comply with the Health and Safety Rules of your placement.

If an injury should occur, it must be reported immediately to your supervisor and to your faculty. Completing Workers Safety Insurance Board forms and reporting any injury while participating in placement must take place within **72 hours** of occurrence.

x _____
(Signature) (Date)

Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email CPOHealthForm@georgebrown.ca
Virtual Business Hours: 9:00 am to 4:00 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 Colleges and Universities Act, R.S.O. 1980, Chapter 272, Section 5, R.R.O. 1990, Regulation 77 and the Public Hospital Act R.S.O. 1980 Chapter 410, R.S.O. 1986, Regulations 65 to 71 and in accordance with the requirements of the legal Agreement between the College and the agencies which provide clinical experience for students. The information is used to ensure the safety and wellbeing of students and clients in their care.

Consent Form for Use and Disclosure of Student Information

Student Number: _____ Educational Program: S414 RN ORP Semester 1-Spring 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 externally 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 withdrawals all from the Program, or upon written request as described below.

3. Your Rights with Respect to This Consent

- 3.1 Right to Refuse Consent** - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.
- 3.2 Right to Review Privacy & Security Policies** - A copy of the document entitled *Identified Purposes and Handling of Personal Information in HSPnet*, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security Policies may be amended from time to time, and you may obtain an updated copy by contacting privacy@hspanada.net.
- 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 the 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.

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)