

**Full-Time Program: (C112) Personal Support Worker  
New First Year: Semester 1 (Winter Term 2019)  
Requisite health form deadline: March 15, 2019**

**REQUISITE HEALTH FORM CHECKLIST & ACTIONS REQUIRED**

**Notice:** Upon your **acceptance** in this program, it is your **main responsibility** to start and meet all the medical & additional requirements outlined below. This process will take **10 to 12 weeks** to complete and it must be submitted to ParaMed Office by the given deadline. If you **fail** to do so, you will be **excluded** from clinical placement which will **affect** your academic standing & may lead to program **withdrawal**. All costs, service fees and fine associated with the overall health form requirements are responsibility of the student.

**MEDICAL REQUIREMENTS (Mandatory except the Flu shot)**

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Book an appointment with your doctor/Walk-In Clinic. Bring this health form to your appointment and advise your doctor to complete, sign and stamp your health form documents. All costs, service fees and fine associated with the overall health form requirements are responsibility of the student. **Please read and follow all detail instructions on pgs. 2 & 3**

- Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix valid every 10 years) & attach yellow card/proof of immunization record **pg. 2**
- Seasonal Flu Shot (recommended every year in November/December) **pg. 2**
- Measles, Mumps & Rubella (ask your doctor to do a blood test, ATTACH copy of laboratory test report and immunization record) **pg. 2**
- Varicella (ask your doctor to do a blood test, ATTACH copy of laboratory test report and immunization record), **pg. 2**
- Hepatitis B (ask your doctor to do a blood test, ATTACH copy of laboratory test report and immunization record) **pg. 3**
- Two Consecutive Step-Tuberculosis Skin Test (ask your doctor to document all TB dates given, dates read & induration results) **pg. 3**
- Final Signature of Doctor/Physician & medical office stamp **pg. 2 & 3**
- Yellow immunization card or any type of immunization records

**ADDITIONAL REQUIREMENTS (Mandatory)**

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Please apply for your police check and certificates and bring all originals and one set of photocopies of your documents at your scheduled appointment with ParaMed Office. All costs, service fees and fine associated with the overall health form requirements are responsibility of the student. **Please read and follow all detailed instructions on pages 4-5.**

- [Police Vulnerable Sector Check](#) (renew every six month) **pg. 4**
- [Standard First Aid Certificate Card](#) (renew every three years, **No** Emergency First Aid level is accepted) **pg. 4**
- [CPR Level HCP/BLS Certificate Card-](#) (renew every year) **pg. 4**
- [Mask Fit Test Certificate Card](#) (renew every two years) **pg. 4**
- [ParaMed Office](#) Appointment & Service Fees, **see below & pg. 4**
- Fill-out & complete all of the sections with your name, ID#, program, issued/expiry dates and Agreement Form, **pgs. 2-5**

**ParaMed appointment and Service Fees (rates are subject to change)**

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**Notice:** Once you have everything done and completed, your **final step** is to **create an account and book an appointment** with ParaMed Office online at [www.georgebrownhealth.ca](http://www.georgebrownhealth.ca) by the given deadline. It is mandatory that you bring and submit all of the originals, one set of photocopies of your forms and pay the Service Fees at your scheduled appointment. Please **DO NOT** book or go to ParaMed Office with an **INCOMPLETE** forms, otherwise they will **charged** you a **Subsequent Visit Fee**. ParaMed Office is a "**Fragrance Free Zone**", kindly **do not wear** any perfume, lotion or cologne at your appointment.

**(New Service Fees as of June 1<sup>st</sup>, 2018 to May 31<sup>st</sup>, 2019)**

- Standard Visit Fee - \$56.15 dollars (submission of health form, RN fee, archives & medical records access online)
- Subsequent Visit Fee (due to a Deficiency List Form) - \$24.60 dollars
- Cancelled or Missed Appointment Fine-\$56.15 dollars (without 24 hour notice)
- Mask Fit Test-\$41.90, Photocopy - \$3.00

**CONTACT US**

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- Suzette Martinuzzi, Pre-placement Coordinator at (416) 415-5000 ext. 3415 or via email [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca)
- Clinical Pre-placement Office Business Hours and locations:
- **(Mon-Wed)** 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront Campus
- **(Thurs-Fri)** 200 King Street East, Room 401B, 4<sup>th</sup> Floor, Building "A", St. James Campus
- 8:00 am to 3:30 pm, by appointment only or visit [FT Program Pre-placement](#)

**FULL-TIME PROGRAM: (C112) PERSONAL SUPPORT WORKER-NEW SEMESTER 1  
REQUISITE HEALTH FORM (WINTER TERM 2019)**

Name x \_\_\_\_\_

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

Tel x \_\_\_\_\_

Email x \_\_\_\_\_

*(ParaMed Official Stamp here)*

**Deadline: March 15, 2019**

**MEDICAL REQUIREMENTS (mandatory)  
(DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & STAMP)**

*Ontario legislation specifies certain surveillance requirements for those entering into healthcare practice settings. The Program policy was developed in accordance with the communicable disease surveillance protocols, specified under the Public 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.*

**Note:** If you **do not** have any immunization records, you must contact your doctor's office or your regional Public Health to obtain a copy of your old immunization records.

**1. TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel/Boostrix valid every 10 years) & attach a yellow card/proof of immunization record**

Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix) booster \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)

**2. SEASONAL FLU SHOT (recommended every year in November/December)**

*Influenza virus vaccine is available free of charge from health services in the fall or can be obtained from your healthcare provider. Students are encouraged to submit evidence of the vaccination in December. If you know or suspect that you have an allergy to eggs or other vaccination preservatives or components, please discuss your options with your HCP. Do not worry about the flu shot at this time; you may submit your completed health form documents to ParaMed without the flu shot record. GBC will do a flu shot clinic in November/December. The influenza vaccine is not mandatory; however, if an outbreak occurs at an assigned agency, and flu vaccine was not received, you may be denied access to the facility, thus jeopardizing the successful completion of your placement.*

Seasonal Flu Shot Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy) Health care professional signature \_\_\_\_\_

**3. MEASLES, MUMPS & RUBELLA (MMR) (doctor must check the appropriate box, attach a copy of lab blood test reports valid within 5 years and document all doses as outlined below)**

Immunity/Reactive blood test result (**Note:** NO injections required; it is mandatory that you ATTACH a copy of most recent MMR laboratory blood test reports valid within 5 years)

Non-Reactive/Non-Immunity/Indeterminate lab test result (**Note:** it is mandatory that you ATTACH a copy of most recent laboratory blood test report and get the following doses as outlined below. Maximum of three MMR doses in a lifetime)

1<sup>st</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (repeat blood test after 4 to 6 weeks; if result is Non-reactive/Indeterminate, get a 2<sup>nd</sup> dose)  
mm/ dd / yyyy

2<sup>nd</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (repeat blood test after 4 to 6 weeks; if result is Non-reactive/Indeterminate, get a 3<sup>rd</sup> dose)

3<sup>rd</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Indeterminate, student status will be considered Non-responder/Exception)

**4. VARICELLA (CHICKEN POX) (doctor must check the appropriate box, attach a copy of lab blood test reports valid within 5 years and document all doses as outlined below)**

Immunity/Reactive lab test result (**Note:** NO injections required; it is mandatory that you ATTACH a copy of most recent laboratory blood test reports valid within 5 years)

Non-Reactive/Non-Immunity/ Indeterminate lab test result (**Note:** it is mandatory that you ATTACH a copy of most recent laboratory blood test report and get the following doses as outlined below. Maximum of two Varivax doses in a lifetime)

1<sup>st</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (four weeks after 1<sup>st</sup> dose, get a 2<sup>nd</sup> dose)  
(mm/ dd / yyyy)

2<sup>nd</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Indeterminate, student status will be considered Non-responder/Exception)

Final Signature of doctor/physician/health care professional: \_\_\_\_\_ (both pgs. 2 & 3)

Date (mm/dd/yyyy): \_\_\_\_\_ Medical Office Stamp: \_\_\_\_\_ (both pgs. 2 & 3)





George Brown College & ParaMed Agreement Form  
(Complete prior to your ParaMed appointment)

Name  \_\_\_\_\_

**Program:** C112 Personal Support Worker-New Semester 1

I  \_\_\_\_\_ (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.

\_\_\_\_\_  
(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.

\_\_\_\_\_  
(Signature) (Date)

**Contact Us**

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca)  
Clinical Pre-placement Office campus locations:  
(Mon-Wed) 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront Campus  
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Business Hours: 8:00 am to 3:30 pm, by appointment only or visit [FT Program Pre-placement](#)

**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.