

Full-Time Program: (S303) Honours Bachelor of Behaviour Analysis (Intensive)

4th year: Semester 7 & 8 (Fall Term 2019)

Renewal Health Form deadline: August 9, 2019

STUDENT CHECKLIST & ACTIONS REQUIRED

Notice: If you are returning student in this program, it is your **main responsibility** to complete & submit all the medical & additional health form requirements outlined below by the given deadline. This process will take 8 weeks to complete and if you **fail** to do so, you will be **excluded** from clinical/field 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

- Seasonal Flu Shot (recommended every year in Nov/Dec)
- Step 1 Tuberculosis Skin Test , **pg. 2**

Tuberculosis Skin Test-1 Negative (-) or (< 10 mm) results last year (only if applicable)

- Book an appointment with your doctor/Walk-In Clinic and bring your new Pre-placement health form at your scheduled appointment
- If your previous Two Step-TB skin test result was **“Negative or (less than 10 mm)”** last year, please ask your doctor to do annual One Step-TB Skin Test. Fees may apply.
- Please ensure that your doctor/physician to complete and sign your health form.

Tuberculosis Skin Test Positive (+) or > 10 mm results last year (only if applicable)

- Book an appointment with your doctor/Walk-In Clinic and bring your new Pre-placement health form at your scheduled appointment.
- If your previous TB skin test result was “Positive (+) or (> 10 mm)” results from last year, you are **no longer** required to redo or pay for another TB skin test or Chest X-ray again.
- Please advise your doctor/physician to document your previous TB skin test Positive (+) date given/result and answer the TB Skin Test Questions (No #1-6).
- Please ensure that your doctor/physician complete and sign your health forms

- Final Signature of doctor/physician & Medical Office Stamp (*fees may apply*), **pg. 2**
- Fill-out and complete all of the top sections with your name, telephone, email, ID#, program name, **pgs. 2-4**

ADDITIONAL REQUIREMENTS

Please apply for your police chec and bring all originals and one set of photocopies of your documents at your scheduled appointment with ParaMed Office. **Please read all detail instructions on pgs. 4-5**

- [Police Vulnerable Sector Check](#) (renew every year) **pg. 4**
- [ParaMed Office](#) Appointment & Service Fees, **see below & pg. 4**
- ParaMed and George Brown College Agreement Form, **pg. 5**

PARAMED OFFICE APPOINTMENT & SERVICE FEES (rates are subject to change)

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 by the 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 is a **“Fragrance Free Zone”**, kindly **do not wear** any perfume, lotion or cologne at your appointment.

(June 1st, 2018 to May 31st, 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)
- Photocopy - \$3.00

CONTACT US

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

**FULL TIME PROGRAM: 4th year (S303) Honours Bachelor of Behaviour Analysis (Intensive)
Renewal Health Form (Fall Term 2019)**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

(ParaMed Official Stamp here)

Deadline: August 9, 2019

MEDICAL REQUIREMENTS

(DOCTOR/PHYSICIAN/HEALTHCARE PROVIDER 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.

1. STEP 1-TUBERCULOSIS SKIN TEST (renew every year and follow instructions below)

- **Negative (-) with less than (< 10 mm):** If your previous Two Consecutive Step-TB Skin Test result 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 (+) must be more than (> 10 mm):** 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 physical examination and answer letters (A-F) below. No Exceptions!

STEP 1-TB SKIN TEST

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

**TB SKIN TEST POSITIVE MUST BE (MORE THAN >10 MM) INDURATION
DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW;**

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

Final Signature of doctor/physician/health care professional _____ (pg. 2)

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

4th year (S303) Honours Bachelor of Behaviour Analysis (FALL 2019) Renewal Health Form

3. LIST OF MEDICAL DEFICIENCY

- If you have any medical deficiency from your last appointment with ParaMed, please use the information that is applicable to you below. It is mandatory that you process and complete the given deficiency with your doctor/physician, before you book and pay for your next ParaMed appointment. Otherwise, it will result as another Returning Visit Fee to ParaMed. **Note: If you do not have any deficiency, skip this section and proceed to the ParaMed stamp section below.**

Tetanus, Diphtheria & Pertussis (Tdap/Adacel valid every 10 years)

- New dose date: ____/____/____(mm/dd/yyyy)

Measles, Mumps & Rubella (MMR)

- New dose date: ____/____/____(mm/dd/yyyy)
- A copy of repeat laboratory blood test report, after 4-6 weeks from your last dose

Varicella (Chicken Pox)

- New dose date: ____/____/____(mm/dd/yyyy)
- A copy of repeat laboratory blood test report, after 4-6 weeks from your last dose

Hepatitis B

- New dose date: ____/____/____(mm/dd/yyyy)
- A copy of repeat laboratory blood test report, after 4-6 weeks from your last dose

- ParaMed Completed stamp-** If your old 1st and/or 2nd and/or 3rd year health form has been stamped “**Completed & CLEAR**” by ParaMed, then **No** more injection and/or blood test required. But, it is still **mandatory** that you **bring all of your old health form** documents to your next appointment with ParaMed.
- ParaMed Exception Stamp-** If your old 1st or 2nd or 3rd year health form has been stamped as “**Exception/Non-responder**” by ParaMed, then **No** more injection and/or blood test required, unless it was given/advised by your doctor/physician. But, it is still **mandatory** that you **bring your old health form** doctor to your next appointment with ParaMed.

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

Name x _____

Program: **4th year (S303) Honours Bachelor of Behaviour Analysis (Intensive)**

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 smartinu@georgebrown.ca

Clinical Pre-placement Office campus locations:

(Mon-Wed) 51 Dockside Drive, Room 702, 7th Floor, Waterfront Campus

(Thursday-Friday) 200 King Street East, Room 401B, 4th Floor, Building "A", St. James Campus

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 well being of students and clients in their care.