

**Full-Time Program: (C102) Activation Coordinator & Gerontology**

**Second Year: Semester 3 & 4**

**Renewal Form deadline: contact your placement supervisor**

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**IMPORTANT INSTRUCTIONS**

If you are a Returning Second year student in this program, you will **ONLY** renew the Step 1-Tuberculosis Skin Test and police vulnerable sector check **UNLESS IT IS REQUIRED** by your upcoming placement agency for next semester.

Please contact your placement supervisor first to confirm their requirements and their deadline to save you time and money. Once you completed this health form and police check, you are **NO LONGER** required to submit this form, book and pay for any appointment at Requisite/Paramed Office. Please **KEEP** all of the original documents with you and as you need to provide proof to your placement supervisor.

**MEDICAL REQUIREMENTS**

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Seasonal Flu Shot (*recommended every year in November/December*) **pg. 2**

Step 1-Tuberculosis Skin Test (*renew every year*)

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

- Book an appointment with your doctor/Walk-In Clinic and bring this 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 this form at your scheduled appointment.
- If your previous TB skin test result was "**Positive (+) or (> 10 mm)**" 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 do a physical examination to 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**

Police Vulnerable Sector Check (*renew every year*) **pg. 3**

**CONTACT US**

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- Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca)
- Clinical Pre-placement Office Campus Locations:  
(Mon-Wed) 51 Dockside Drive, Room 702 (north side), 7<sup>th</sup> Floor, Waterfront Campus (WF)  
(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

**(C102) SECOND YEAR-ACTIVATION COORDINATOR & GERONTOLOGY  
RENEWAL HEALTH FORM**

Name \_\_\_\_\_  
 GBC ID# \_\_\_\_\_  
 Tel \_\_\_\_\_  
 Email \_\_\_\_\_

**Note:** You will only complete and renew your TB Skin test and police check requirements unless it is required by your placement agency supervisor.

**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 a required immunization or Chest X-ray, a medical note of this exclusion must be provided on the form.

**1. 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 \_\_\_\_\_

**2. STEP 1-TUBERCULOSIS SKIN TEST (renew every year)**

- **Negative (-) with less than (< 10 mm) induration**-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.

**STEP 1-TB SKIN TEST**

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

- **Positive (+) with over (> 10 mm) induration**-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/physician to do annual physical examination and answer letters (A-F) below. No Exceptions!

**TB SKIN TEST POSITIVE WITH OVER (>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? Yes or No Date (mm /dd/ yyyy) \_\_\_\_\_ Dosage \_\_\_\_\_
- f) Specialist Referred? Yes or No Date (mm /dd/ yyyy) \_\_\_\_\_

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

Date (mm/dd/yyyy) \_\_\_\_\_ (pg. 2)

Medical Office Stamp \_\_\_\_\_ (pg. 2)