

Full-Time Program: C116-Behavioural Science Technology**3rd year: Semester 5 & 6****Renewal Health Form Deadline: August 23, 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.

RENEWAL: 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. 2-5**
- Complete any Medical Deficiency from your last visit with ParaMed, **pg. 3**
- Bring your old 1st & 2nd year health form documents

RENEWAL: 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: 3RD YEAR C116-BEHAVIOURAL SCIENCE TECHNOLOGY
RENEWAL HEALTH FORM (FALL 2019)**

Name x _____
 GBC ID# x _____
 Tel x _____
 Email x _____

(ParaMed Official Stamp here)

Deadline: August 23, 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)

STEP 1-TB SKIN TEST

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

- **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!

**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)

NAME _____

GBCID# _____

3RD YEAR- C116 BEHAVIOURAL SCIENCE TECHNOLOGY (FALL 2018)**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.

NAME _____

GBCID# _____

3RD YEAR C116-BEHAVIOURAL SCIENCE TECHNOLOGY (FALL 2018) ADDITIONAL REQUIREMENTS

4. POLICE VULNERABLE SECTOR CHECK (*renew every year*)

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

Note: All students are required to obtain a police vulnerable sector check and must be renewed every year. Please attach the original police vulnerable sector check result and submit it to ParaMed at your scheduled appointment. Students cannot attend placement until ParaMed has received the original written police check report. 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 a “Not Clear” police check record, this may **jeopardize** your academic standing and may lead to program **withdrawal**. Please contact your Chair or academic program coordinator to disclose this information.

Please read carefully the instructions below according to your regional police service:

For students who currently reside in Toronto region (with a postal code that starts with letter “M”):

- To apply or renew your Toronto police check, you must book an appointment to see Suzette Martinuzzi at 416-415-5000, ext. 3415, or smartinu@georgebrown.ca. The Clinical Pre-placement office is located at 51 Dockside Drive, 7th Floor, Room 702, Waterfront campus, Toronto, ON M5A 0B6
- It is mandatory that you bring a **money order/bank draft payment of \$20.00 dollars** and payable to **Toronto Police Service** and a government issued photo ID card at your scheduled appointment. (No other payment method accepted)
- Toronto Police Service will take **4 to 8 weeks or longer** to receive and process your police check results. It is your responsibility to apply or renew your police check prior to your health form deadline. For more details, visit [Police Vulnerable Sector Check website](#).

For students who currently reside in another region such as (Durham, Halton, Hamilton, London, Niagara, Peel & York) or other province

- If you live in another region such as (Durham, Halton, Hamilton, London, Niagara, Peel & York) or other province, please apply directly at your specific regional police service and they can take **2- 4 weeks** to process your application form. Please make sure that your police check is valid for the entire academic year. For more details, visit [Police Vulnerable Sector Check website](#).
- If you require a **volunteer letter** in order to pay for the student rate, please email us your full name, GBC ID#, program name and your regional police service complete address. For more details, visit [Police Vulnerable Sector Check website](#).

5. PARAMED APPOINTMENT & SERVICE FEES

- Once you have everything done, your final step is to create an account and book an appointment with [ParaMed](#) online at www.georgebrownhealth.ca
- ParaMed Office is a “**Fragrance Free Zone**”, kindly **do not** wear any perfume, lotion or cologne at your appointment. Download your ParaMed Confirmation Visit Sheet
- Please be prepared for your mask fit testing before you go to your [ParaMed](#) appointment.
- Bring and submit ALL OF YOUR of all your forms and lab tests, immunization records & police check: (1) set of originals and (1) set of photocopies. (**pgs. 2-5**)
- Bring your initial visit payment. (**page 1**)
- After your Paramed appointment, please keep all of your original forms and documents with you for future reference.
- GBC does not keep or maintain any hard copies of your health form records.

MAILING OPTION: If you reside outside Toronto region during the summer months and unable to go and submit your forms in-person at ParaMed, we can arrange your completed health forms and police check mailed to ParaMed office on your behalf. Please send us your original documents via registered mail attention to:

- ➔ **Suzette Martinuzzi, Clinical Pre-placement Office**, 51 Dockside Drive, Room 702, 7th Floor, Toronto, ON M5A 0B6
- ➔ Once ParaMed RN’s reviewed your forms and stamp it clear, we will mail it back to you with an invoice of \$52.95 dollars which you will pay on your STU-View account later on.

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

Name x _____

Program: 3rd year C116 Behavioural Science Technology

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

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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.