

Full-Time Program: (C139) Health Information Management (Fall 2019)

First Year: Semester 1 & 2

Requisite Health Form Deadline: January 24, 2020

STUDENT CHECKLIST & ACTIONS REQUIRED

Notice: Upon your **acceptance** in this program, it is your **responsibility** to start and meet all the health form requirements outlined below. This process will take **10 to 12 weeks** to complete and you must have a clear police check record valid every year. If you **fail** to complete and submit these requirements to ParaMed Office by the given deadline, you will be **excluded** from clinical practice which can jeopardize your academic standing & 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)

Book an appointment with your doctor/Walk-In Clinic. Bring this health form to your appointment and advise your doctor to complete, syour health form documents. All costs, service fees and fine associated with the overall health form requirements are responsibility Please read and follow all detailed instructions on pgs. 2 & 3							
Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix valid every 10 years) and attach yellow card/proof of immunization record pg. 2							
Seasonal Flu Shot (mandatory 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	rd) 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)							
Please apply for your police check and certificates below and bring all originals and one set of photocopies of your documents at y appointment with ParaMed Office. All costs and service fees are responsibility of the student. Please read all detail instructions on pgs							
Police Vulnerable Sector Check-(renew every year) pg. 4							
ParaMed Office Appointment & Service Fees, see below & pg. 4							
Fill-out and complete all of the top sections with your name, ID#, program, issued/expiry dates and Agreement Forms, pgs. 2	-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.

(New Service Fees as of 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 Business Hours and 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
- 8:00 am to 3:30 pm, by appointment only or visit FT Program Pre-placement



FULL-TIME PROGRAM: FIRST YEAR (C139) HEALTH INFORMATION MANAGEMENT **REQUISITE HEALTH FORM (FALL 2019)**

Name x						
GBC ID# x						
Tel x	(ParaMed Official	Stamp here)				
Email x						
Deadline: Jan	uary 24, 2020					
accordance with the placement settings. employees and othe outlined. Our place unable to receive a	MEDICAL REQUIREMENTS (Mandatory except Flu shot) (DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & ST pecifies certain surveillance requirements for those entering into healthcare practice settings. The Program is communicable disease surveillance protocols, specified under the Public Hospitals Act, to meet the requ This process is necessary to ensure that our students protect their health and safety, and the health and s ir students. Other than the influenza vaccine, the completion of this information is not optional, and all section ment partners have the right to refuse students who have not met their immunization standards. If, for medi required immunization or Chest X-ray, a medical note of this exclusion must be provided on the form. It have any immunization records, you must contact your doctor's office or your regional Public Health to obt	n policy was developed in uirements of our students' safety of patients, visitors, ons must be completed as ical reasons, your client is				
	S, DIPHTHERIA & PERTUSSIS (Tdap/Adacel/Boostrix valid every 10 years) & attach a yellow card/proo	f of immunization record				
_	Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix) booster//(mm/dd/yyy					
2. SEASONA Influenza are encou vaccinatio submit you The influe						
	Seasonal Flu Shot Given Date/(mm / dd / yyyy) Health care professional signature	· · · · · · · · · · · · · · · · · · ·				
3. MEASLES	S, MUMPS & RUBELLA (MMR) (doctor must check the appropriate box, attach a copy of lab blood te valid within 5 years and document all doses as outlined below)	est reports				
	Immunity/Reactive blood test result (Note: NO injections required; it is mandatory that you <i>ATTACH</i> a copy laboratory blood test reports valid within 5 years)	of most recent MMR				
	Non-Reactive/Non-Immunity/Indeterminate lab test result (Note : it is mandatory that you <i>ATTACH</i> a copy oblood test report and get the following doses as outlined below. Maximum of three MMR doses in a lifetime					
	1st dose date/ (repeat blood test after 4 to 6 weeks; if result is Non-reactive/Indeterminate mm/ dd / yyyy	e, get a 2 nd dose)				
	2 nd dose date/ (repeat blood test after 4 to 6 weeks; if result is Non-reactive/Indetermina	te, get a 3 rd dose)				
	3 rd dose date/ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Indeterminal will be considered "Non-responder/Exception")	te, student status				
4. VARICEL	LA (CHICKEN POX) (doctor must check the appropriate box, attach a copy of lab blood test reports and document all doses as outlined below)	valid within 5 years				
	Immunity/Reactive lab test result (Note: NO injections required; it is mandatory that you <i>ATTACH</i> a copy of blood test reports valid within 5 years)	f most recent laboratory				
	Non-Reactive/Non-Immunity/ Indeterminate lab test result (Note : it is mandatory that you <i>ATTACH</i> a copy of blood test report and get the following doses as outlined below. Maximum of two Varivax doses in a lifetime of the lateral dose date// (four weeks after 1 st dose, get a 2 nd dose) (mm/ dd / yyyy)					
	2 nd dose date/(repeat blood test after 4 to 6 weeks, if result is Non-reactive/Indetermina will be considered Non-responder/Exception)	ate, student status				
Final Signature	e of doctor/physician/health care professional	(both pgs. 2 & 3)				
Date (mm/dd/y	yyy):Medical Office Stamp:	(both pgs. 2 & 3)				

GBC ID# x_

FIRST YEAR C139 HIM-MEDICAL REQUIREMENTS (Mandatory)

5.	HEPATITIS B (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/Positive lab test result (Note: NO injections required; it is mandatory that you <i>ATTACH</i> a copy of most recent " Antibody " laboratory blood test reports valid within 5 years)							
		Non-Immunity/Non-Reactive/Negative/Low (>0 or <10) lab test result (Note: it is mandatory that you <i>ATTACH</i> a copy of most recent " Antibody " laboratory blood test report and get the following doses as outlined below. Maximum of six Hep B doses in a lifetime)						
		1 st dose date(m	//_ nm/ dd / yyyy)	_ (four weeks after	the 1 st dose,	get a 2 nd dose)		
		2 nd dose date	//	_ (repeat blood tes	st after 4 to 6	weeks, if result is No	n-reactive/Negative, go	et a 3 rd dose)
		3 rd dose date	//	(due in six mon Non-Reactive/			after 4 to 6 weeks, if re	esult is
		4 th dose date	//	(after 4 weeks,	get a 5 th dose)		
		5 th dose date	//	_ (repeat blood te	est after 4 to 6	weeks, if result is N	on-reactive/Negative, g	et the final 6 th dose)
	6 th dose date/				(repeat blood test after 4 to 6 weeks, if final result is still Non-immunity/Negative, student status will be considered Non-Responder/Exception)			
		Carrier (Note: No	injections require	ed and ATTACH c	opy of most re	ecent "Antigen Positi	ve" blood test and noti	y the medical officer)
6.	TWO C	ONSECUTIVE STE	EP-TUBERCULO	SIS SKIN TEST (start after Se	ptember 1, 2018 &	see instructions belo	w)
	:	 Negative with less than (<10 mm)-If you have proof of previous Two Consecutive Step-TB Skin Test and the result was both "Negative", do annual Step 1-TB Skin Test. Positive with more than (> 10 mm)-If you have proof of previous Two Consecutive Step-TB Skin Test and the result was "Positive" NO more annual skin test or Chest X-ray required and your doctor needs to do annual physical exam and answer letters (A-F) below. 						
		PREVIOUS: STEP 1 TB SKIN TEST						
	(Date G	Given: mm / dd / yyy	<u>/y)</u>	(Date Rea	d: 48-72 hour	s after date given)	/ (Induration size)	(mm)
			PREVIO	US: STEP 2 TB S	KIN TEST (7	-21 days after Step-	1)	
	(Date G	Given on opposite a	rm: mm / dd / yyy	ry) (Date Rea	d: 48-72 hour	s after date given)	(Induration size)	(mm)
			1	CURRENT: S	STEP 1 TB SP	(IN TEST	/	
	(Date G	Given: mm / dd / yyy		,		s after date given) 21 days after Step	(Induration size)	(mm)
	(Date G	Given on opposite a	rm: mm / dd / yyy	ry) (Date Rea	d: 48-72 hour	s after date given)	/_ (Induration size)	(mm)
						N >10 MM INDURA AM & ANSWER LET	TION SIZE TERS (A-F) BELOW:	
	a) Ch	nest X-ray (if TB Po	sitive only, ATTA	CH a copy of the)	K-ray report v	alid within 4 years) R	esult Date_	(mm/dd/yyyy)
	b) His	story of disease?	Yes or No	Date (mm/	dd/yyyy)			
	c) Pr	ior history of BCG v	vaccination (need	I documentation?	Yes or No	Date (mm/dd/	уууу)	
	d) Do	es this student hav	ve signs/symptom	ns of active TB on	physical exan	nination? Yes	or No	
	e) IN	H Prophylaxis (Trea	atment)? Ye	s or No I	Date (mm/dd/	уууу)	Dosage	
	f) Sp	pecialist (Public Hea	alth) Referred?	Yes or No	Dat	e (mm/dd/yyyy)		
nal S	Signatu	re of doctor/p	hysician/hea	alth care prof				
	, , , ,			NA 11 1 5	200			(2 2 2)
ate (mm/dd	/yyyy):		Nedical (office Stai	np:		(pgs. 2 & 3)

GBC ID# x

(C139 HIM) FIRST YEAR ADDITIONAL REQUIREMENTS (Mandatory)

7. POLICE VULNERABLE SECTOR CHECK (renew every year)

Issued Date//	Expiry Date	/	/	(renew every year)
mm / dd / y	yyy	mm / dd /	уууу	

Notice: Your academic department strongly and highly recommend that all students must have "clear" police check record valid every year to avoid any issues and problems with this program. Please attach the original police vulnerable sector check record and submit it at your scheduled ParaMed appointment. If you are **excluded** from placement due to a "not clear" police check record, it will jeopardize your academic standing and can lead to withdrawal.

Please contact your Chair 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.

Please read carefully the instructions in how to apply for your police check 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. Our office is located at 51 Dockside Drive, 7th Floor, Room 702, Waterfront campus
- It is mandatory that you bring a money order/bank draft payment of \$20.00 dollars 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 process and mail your police check result within six weeks or longer. It is your responsibility to make sure that you have this police check prior to your deadline. For more details, visit Police Vulnerable Sector Check website.
- Please do not apply or pay at your local Toronto Police Station or any third party agency, as it will NOT be a valid police check. You
 must follow the instructions above.

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, Peel & York) or other province, please apply for your at your specific regional police service and they can take two-six weeks to process your application form, with the exception of Niagara region which takes 10 weeks to process. 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.

8. PARAMED APPOINTMENT & SERVICE FEES

- Once you have everything done, your final step is to create an account and book an appointment with <u>ParaMed Office</u> online at <u>www.georgebrownhealth.ca</u> and there office is a "Fragrance Free Zone", kindly do not wear any perfume, lotion or cologne at your appointment.
- Bring and submit ALL OF YOUR completed forms and lab tests, immunization records & police certification: (1) set of originals and (1) set of photocopies at your scheduled appointment.
- Bring your Initial Visit fee payment and download your ParaMed Confirmation Visit Sheet as proof of appointment and attached it
 with your health forms.
- After your appointment, you must keep all the originals with you for future reference.
- GBC does not keep or maintain any hard copies of your health form records.





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

ame x		
rogram: First year	(C139) HEALTH INFO	PRMATION MANAGEMENT
I <u>x</u> grounds for cancellation	on of admission.	(Print Name) understand that any false statement is
submitted or withheld. personnel of any com-	I understand that it is my	ncel my admission privilege on the basis of medical information responsibility to inform the appropriate George Brown College al need, exception or medical condition which may place me at ollege or on placement.
I will pay all the service	es fees and authorize Pa	raMed to review the above information.
x		
<u>×</u> (Signature)	(Date)	
Element of Risk All experiential lear	ning programs, such as	field trips, clinical and field placements or job shadowing
involve certain elem the student, the pla- you may be injured	ents of risk. Injuries may cement or the college. By . Following the Health a at you have reviewed the	occur while participating in this activity without any fault of y taking part in this activity, you are accepting the risk that nd Safety rules of your placement is required. By signing e element of risk and are willing to comply with the Health
Completing Worker		rted immediately to your supervisor and to your faculty. and forms and reporting any injury while participating in foccurrence.
<u>x</u> (Signature)	(Data)	
(Signature)	(Date)	
ONTACT 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 (Thursday-Friday) 200 King Street East, Room 401B, 4th Floor, Building "A", St. James Campus Business Hours: Monday to Friday, 8:00 am to 3:30 pm, by appointment only or visit FT Program Pre-placement

FREEDOM OF INFORMATION ANDPROTECTION 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, Regulation77 and the Public Hospital Act R.S.O.1980 Chapter 410, R.S.O. 1986, Regulations65 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.