

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, 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 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*) **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 your scheduled appointment with ParaMed Office. All costs and service fees are responsibility of the student. **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**
- 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 _____

Email x _____

(ParaMed Official Stamp here)

Deadline: January 24, 2020

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

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

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

3rd 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)

1st dose date ____/____/____ (four weeks after 1st dose, get a 2nd dose)
(mm/ dd / yyyy)

2nd 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)

NAME x _____ 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)

- Immunology/Reactive/Positive lab test result...
Non-Immunity/Non-Reactive/Negative/Low (>0 or <10) lab test result...
Carrier

1st dose date... 2nd dose date... 3rd dose date... 4th dose date... 5th dose date... 6th dose date...

6. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (start after September 1, 2018 & see instructions below)

- First Time-If you never had Two Consecutive Step-TB Skin Test done in a lifetime...
No Chest X-ray only...
Failure to do TB Step 2 within 7-21 days after Step 1...
Negative with less than (<10 mm)...
Positive with more than (> 10 mm)...
BCG vaccination...
It is mandatory that your doctor/health care professional properly complete, sign & stamp all the information outlined below.

PREVIOUS: STEP 1 TB SKIN TEST

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

PREVIOUS: STEP 2 TB SKIN TEST (7-21 days after Step-1)

(Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

CURRENT: STEP 1 TB SKIN TEST

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

CURRENT: STEP 2 TB SKIN TEST (7-21 days after Step 1)

(Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

TB SKIN TEST POSITIVE (+) WITH MORE THAN >10 MM INDURATION SIZE DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW:

- a) Chest X-ray (if TB Positive only, ATTACH a copy of the X-ray report valid within 4 years) Result Date (mm/dd/yyyy)
b) History of disease? Yes or No Date (mm/dd/yyyy)
c) Prior history of BCG vaccination (need documentation? 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: _____ (pgs. 2 & 3)

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

