

(C405 ABS) deadline: October 11, 2019

Full-Time Program: (C405) Autism and Behavioural Science

First Year: Semester 1 & 2 (Fall 2019)

Requisite Health Form Deadline: October 11, 2019

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 by the given deadline, you will be excluded from field 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)

your heal	appointment with your doctor/Walk-In Clinic. Bring this health form to your appointment and advise your doctor to complete, sign and stamp th form documents. All costs, service fees and fine associated with the overall health form requirements are responsibility of the student ad and follow all detail 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 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
Ш	Final Signature of Doctor/Physician & medical office stamp pg. 2 & 3
	Yellow immunization card or any type of immunization records
	ADDITIONAL REQUIREMENTS (Mandatory)
Office. All	pply for your police check and bring all originals and one set of photocopies of your documents at your scheduled appointment with ParaMed costs, service fees and fine associated with the overall health form requirements are responsibility of the student. Please read all details on pgs. 4-5 Police Vulnerable Sector Check-(renew every year) pg. 4 ParaMed Office Appointment, 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 given 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 campus locations:
- (Mon-Wed) 51 Dockside Drive, Room 702, 7th Floor, Waterfront Campus
- (Thurs-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



Date (mm/dd/yyyy):

FULL-TIME PROGRAM: (C405) AUTISM & BEHAVIOURAL SCIENCE REQUISITE HEALTH FORM (FALL 2019)

GBC I	D# x	
		(ParaMed Official Stamp here)
	x	
Deadl	ine: Oc	tober 11, 2019
accordar placeme employe putlined.	nce with th nt settings es and oth Our place	MEDICAL REQUIREMENTS (Mandatory) (DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & STAMP) specifies certain surveillance requirements for those entering into healthcare practice settings. The Program policy was developed to ecommunicable disease surveillance protocols, specified under the Public Hospitals Act, to meet the requirements of our students. This process is necessary to ensure that our students protect their health and safety, and the health and safety of patients, visitor, are students. Other than the influenza vaccine, the completion of this information is not optional, and all sections must be completed as ement partners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your client required immunization or Chest X-ray, a medical note of this exclusion must be provided on the form.
	ou do no t ation recor	t have any immunization records, you must contact your doctor's office or your regional Public Health to obtain a copy of your old ds.
1.	TETANU	S, 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.	MEASLE	S, 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 <i>ATTACH</i> 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 <i>ATTACH</i> 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)
		1 st dose date/ (repeat blood test after 4 to 6 weeks; if result is Non-reactive/Indeterminate, 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/Indeterminate, get a 3 rd dose)
		3 rd dose date/ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Indeterminate, student status will be considered "Non-responder/Exception")
3.	VARICE	LLA (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 <i>ATTACH</i> 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 <i>ATTACH</i> 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)
		1 st 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/Indeterminate, student status will be considered Non-responder/Exception)
Final S	ignatur	re of doctor/physician/health care professional (both pgs. 2 & 3)

Medical Office Stamp:

(both pgs. 2 & 3)

(C405 ABS) deadline	October 11, 2019	
CPC ID# v		

(C405 ABS) MEDICAL REQUIREMENTS-MANDATORY

	and document all doses as outlined below) ☐ Immunity/Reactive/Positive lab test result (Note: NO injections required; it is ma	ndatory that you ATTACH's convert most recent		
	"Antibody" laboratory blood test reports valid within 5 years)	ndatory that you ATTACH a copy of most recent		
	Non-Immunity/Non-Reactive/Negative/Low (>0 or <10) lab test result (Note: it is " Antibody " laboratory blood test report and get the following doses as outlined	s mandatory that you ATTACH a copy of most recent below. Maximum of six Hep B doses in a lifetime)		
	1^{st} dose date/ (four weeks after the 1^{st} dose, get a 2^{nd} dose (mm/ dd / yyyy)	9)		
	2 nd dose date/ (repeat blood test after 4 to 6 weeks, if resu	lt is Non-reactive/Negative, get a 3 rd dose)		
	3 rd dose date/(due in six month after 1 st dose, repeat block Non-Reactive/Negative, get a 4 th dose)	od test after 4 to 6 weeks, if result is		
	4 th dose date/ (after 4 weeks, get a 5 th dose)			
	5th dose date/ (repeat blood test after 4 to 6 weeks, if rest	ult is Non-reactive/Negative, get the final 6 th dose)		
	6 th dose date/ (repeat blood test after 4 to 6 weeks, if fina student status will be considered Non-Res			
	Carrier (Note: No injections required and ATTACH copy of most recent "Antiger	Positive" blood test and notify the medical officer)		
5. T	TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (read and follow instruction	ns below)		
	 First Time-If you never had Two Consecutive Step-TB Skin Test done in a lifetime, it is mandatory that you complete and pay for Two Step-TB Skin Test. No Chest X-ray only-all students must provide proof of Two Consecutive Step-TB Skin Test done and we will NOT accept a Chest X-ray report only. Failure to do TB Step 2 within 7-21 days after Step 1, you will need to redo both TB Skin Test again and extra fees will apply. 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. BCG vaccination-If you had BCG vaccination it is NOT a contraindication for skin test, you are still required to provide proof and complete a Two Step-TB skin test. It is mandatory that your doctor/health care professional properly complete, sign & stamp all the information outlined below. No exceptions! 			
	PREVIOUS: STEP 1 TB SKIN TEST	1		
(L	(Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date gi	ven) (Induration size) (mm)		
	PREVIOUS: STEP 2 TB SKIN TEST (7-21 days after	r Step-1) /		
(L	(Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date gi	ven) (Induration size) (mm)		
_	CURRENT: STEP 1 TB SKIN TEST			
(L	(Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date gi CURRENT: STEP 2 TB SKIN TEST (7-21 days after	, , ,		
(1	(Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date gi	ven) (Induration size) (mm)		
	TB SKIN TEST POSITIVE (+) WITH MORE THAN >10 MM IN DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM, X-RAY REPORT &	DURATION SIZE ANSWER LETTERS (A-F) BELOW:		
a	a) Chest X-ray (if TB Positive only, ATTACH a copy of the X-ray report valid within 4 y	ears) Result Date(mm/dd/yyyy)		
b	b) History of disease? Yes or No Date (mm/dd/yyyy)			
C,	c) Prior history of BCG vaccination (need documentation? Yes or No Date (n	nm/dd/yyyy)		
d	d) Does this student have signs/symptoms of active TB on physical examination?	Yes or No		
e,	e) INH Prophylaxis (Treatment)? Yes or No Date (mm/dd/yyyy)	Dosage		
f)	f) Specialist (Public Health) Referred? Yes or No Date (mm/dd/yyy	y)		
nal Sig	gnature of doctor/physician/health care professional:	(pgs. 2 & 3)		

(C405 ABS) deadline: October 11, 2019

GBC ID# x

(C405 ABS) ADDITIONAL REQUIREMENTS

ear)
ear

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

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, Niagara, Peel & York) or other province, please apply directly at your specific regional police service and they can take **two-six weeks** to process your application form, with the exception of Niagara. They take **10 weeks** to process.
- Please check validity and apply for your police check as some placement agency may want it valid within 6 months & needs to be
 valid for the 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.

7. PARAMED OFFICE 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>
- ParaMed 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 check: (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 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.



(C405 ABS) deadline: October 11, 2019

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

ame x	
rogram: <u>(C405) AUTISM & BE</u>	HAVIOURAL SCIENCE
I xgrounds for cancellation of admission	(Print Name) understand that any false statement is on.
submitted or withheld. I understand personnel of any communicable dis	e right to cancel my admission privilege on the basis of medical information that it is my responsibility to inform the appropriate George Brown College sease, special need, exception or medical condition which may place me at ge Brown College or on placement.
I will pay all the services fees and a	uthorize ParaMed to review the above information.
x(Signature)	
(Signature)	(Date)
Element of Risk	
involve certain elements of risk. I the student, the placement or the you may be injured. Following the	is, such as field trips, clinical and field placements or job shadowing injuries may occur while participating in this activity without any fault of e college. By taking part in this activity, you are accepting the risk that he Health and Safety rules of your placement is required. By signing reviewed the element of risk and are willing to comply with the Health ent.
	ust be reported immediately to your supervisor and to your faculty. urance Board forms and reporting any injury while participating in 72 hours of occurrence.
x	
(Signature)	(Date)

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 (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.