

**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)**

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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 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**
- Final Signature of Doctor/Physician & medical office stamp **pg. 2 & 3**
- Yellow immunization card or any type of immunization records

**ADDITIONAL REQUIREMENTS (Mandatory)**

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Please apply for your police check and bring all originals and one set of photocopies of your documents at your scheduled appointment with ParaMed Office. All costs, service fees and fine associated with the overall health form requirements 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, **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)**

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**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](http://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 1<sup>st</sup>, 2018 to May 31<sup>st</sup>, 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**

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- Suzette Martinuzzi, Pre-placement Coordinator at (416) 415-5000 ext. 3415 or via email [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca)
- Clinical Pre-placement Office campus locations:
- **(Mon-Wed)** 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront Campus
- **(Thurs-Friday)** 200 King Street East, Room 401B, 4<sup>th</sup> Floor, Building "A", St. James Campus
- Business Hours: 8:00 am to 3:30 pm, by appointment only or visit [FT Program Pre-placement](#)

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

Name x \_\_\_\_\_

GBC ID# x \_\_\_\_\_

Tel x \_\_\_\_\_ *(ParaMed Official Stamp here)*

Email x \_\_\_\_\_

**Deadline: October 11, 2019**

**MEDICAL REQUIREMENTS (Mandatory)**

**(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. 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)

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

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

3<sup>rd</sup> 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. 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)

1<sup>st</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (four weeks after 1<sup>st</sup> dose, get a 2<sup>nd</sup> dose)  
(mm/ dd / yyyy)

2<sup>nd</sup> 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 \_\_\_\_\_

**(C405 ABS) MEDICAL REQUIREMENTS-MANDATORY**

**4. 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 ATTACH 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 ATTACH 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<sup>st</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (four weeks after the 1<sup>st</sup> dose, get a 2<sup>nd</sup> dose)  
(mm/dd/yyyy)

2<sup>nd</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Negative, get a 3<sup>rd</sup> dose)

3<sup>rd</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (due in six month after 1<sup>st</sup> dose, repeat blood test after 4 to 6 weeks, if result is Non-Reactive/Negative, get a 4<sup>th</sup> dose)

4<sup>th</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (after 4 weeks, get a 5<sup>th</sup> dose)

5<sup>th</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Negative, get the final 6<sup>th</sup> dose)

6<sup>th</sup> 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 required and ATTACH copy of most recent "Antigen Positive" blood test and notify the medical officer)**

**5. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (read and follow instructions 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**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (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 mm) (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, X-RAY REPORT & 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)*



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

Name x \_\_\_\_\_

**Program:** (C405) AUTISM & BEHAVIOURAL SCIENCE

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**

Suzette Martinuzzi, Pre-placement Coordinator at (416) 415-5000 ext. 3415 or via email [smartinu@georgebrown.ca](mailto: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 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 wellbeing of students and clients in their care.