

Full-Time Program: (H119) Culinary Management (Nutrition)

2nd Year: Semester 3 & 4 (Fall/Winter/Spring Term)

Requisite Health Form deadline: **One month before the first day of placement per semester**

STUDENT CHECKLIST & ACTIONS REQUIRED

Notice: If you are returning student in this program and you are selected and approved to complete your externship in a health care facility by your academic coordinator, it is your **main responsibility** to complete & submit all the medical & additional requirements outlined below by the given deadline. This process will take 4-6 weeks to complete and if you **fail** to do so, you will be **excluded** from clinical 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.

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 from 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 Step 1-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 from 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 and Medical Office stamp (*fees may apply*), **pg. 2**

ADDITIONAL REQUIREMENTS

Please apply for your police check and certificates and bring all originals and one set of photocopies of your documents at your scheduled appointment with your placement agency. **Please read all detail instructions on pages 3-4**

[Police Vulnerable Sector Check](#) (*renew every year*) **pg. 4**

[Mask Fit Test](#)-(*renew every two years*) **pg. 4**

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: 8:00 am to 3:30 pm, by appointment only

(H119 CMN) deadline: One month before the first day of placement per semester
FULL TIME PROGRAM: (H119) 2ND YEAR CULINARY MANAGEMENT (NUTRITION)
REQUISITE HEALTH FORM (FALL/WINTER/SPRING TERM)

Name x _____
 GBC ID# x _____
 Tel x _____
 Email x _____
 Deadline x _____ **(one month before the start of placement)**

MEDICAL REQUIREMENTS
(DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN AND 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. TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/ADACEL/BOOSTRIX valid every 10 years) & attach a yellow card/immunization record

Date of last Tetanus, Diphtheria & Pertussis (Tdap/AdaceL/Boostrix) booster ____/____/____ (mm/dd/yyyy)

2. SEASONAL FLU SHOT (recommended 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 Office 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. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (see instructions below)

- 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.
- First Timer-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.
- 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) (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) RESULTS
 DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW;

- a) Chest X-ray (ATTACH a copy of the 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 (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? Yes or No Date (mm/dd/yyyy) _____ Dosage _____
- f) Specialist Referred? Yes or No Date (mm/dd/yyyy) _____

Final Signature of doctor/physician/health care professional: _____

Date (mm/dd/yyyy): _____

Medical Office Stamp: _____

NAME x _____ GBCID# x _____

2ND YEAR-H119 CULINARY MANAGEMENT NUTRITION PROGRAM 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: Your program strongly and highly recommend that all students must have a “CLEAR” police check to **avoid** any issues and problems with their placement agency partners and **wasting** your time and money. If you have a “Not Clear” police check record, your faculty will **exclude** you from the Clinical/Field Practice course which will **impact and jeopardize** your academic standing and can lead to program **withdrawal**. 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 below in how to apply for 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. 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 is 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. MASK FIT TEST CERTIFICATE CARD (renew every two years)

ParaMed Office will do the mask fit test for you at your scheduled appointment. Please do not eat, drink and chew gum 30 minutes prior to your ParaMed appointment. If you are expecting or pregnant, you need to submit a medical note to exempt you from mask fit test. All male students must be clean-shaven. All students must be tested and fitted for an appropriate mask (respirator) in the event of flu (or other airborne/droplet) outbreak. Cards must clearly state the mask type (model) and size. Please ensure you carry your mask fit card at all times during placement. Mask fit cards are valid for two years after the issue date.

Issued Date ____/____/____ Expiry Date ____/____/____ (two years after the issued date)
 mm / dd / yyyy mm / dd / yyyy

6. SUBMISSION PROCESS: Once you have everything done and completed, please bring and show it to your upcoming placement agency and you must keep all of the original copies with you for future reference.

George Brown College Agreement Form
(Student to complete prior to site visit)

Name _____

Program _____

I _____ (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.

(Student 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.

(Signature) (Date)

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.