

S121 PRACTICAL NURSING-RETURNING STUDENT NON-MEDICAL FORM INSTRUCTION SHEET

EFFECTIVE ON NOVEMBER 19, 2018, WE WILL NO LONGER ACCEPT ANY COPY OF YOUR NON-MEDICAL DOCUMENTS SUCH AS (POLICE CHECK, BLS/CPR C-HCP & MASK FIT TEST) WITHOUT THIS NON-MEDICAL FORM ATTACHED.

PLEASE READ AND FOLLOW THE INSTRUCTIONS CAREFULLY AS PER BELOW:

- You can only use this form, if you are a Returning student and you already received a ParaMed Clearance Stamp for this academic year.
- You can only use this form, if your TB Skin Test is still valid and you have no Medical Deficiency from your last appointment with ParaMed for this academic year.
- You must fill-out, complete and sign the Non-Medical Requirement Form.
- Attached the photocopy of your new Police check and/or BLS and/or CPR level C and/or and mask fit test certificate
- Enclosed this Non-Medical Form and your renewed documents in an envelope and leave it in the drop box.
- You are not required to book and pay for ParaMed appointment at this time.
- Once we received it, we will send it to ParaMed on your behalf and they will update your account online.

S121 PRACTICAL NURSING-RETURNING STUDENT NON-MEDICAL FORM (No ParaMed appointment required)

Name: _____

(ParaMed Official Stamp here)

GBC ID#: _____

Program Name: _____

Semester: _____

Tel: _____

Email: _____

Note: Please fill-out the Non-Medical Section that you are submitting to us only and attached the copy.

1. POLICE VULNERABLE SECTOR CHECK

Issued Date ____/____/____ Expiry Date ____/____/____
mm / dd / yyyy mm / dd / yyyy

2. BLS/CPR LEVEL HCP/CPR LEVEL C CERTIFICATE CARD

Issued Date ____/____/____ Expiry Date ____/____/____
mm / dd / yyyy mm / dd / yyyy

3. STANDARD FIRST AID CERTIFICATE

Issued Date ____/____/____ Expiry Date ____/____/____
mm / dd / yyyy mm / dd / yyyy

4. MASK FIT TEST CERTIFICATE CARD

Issued Date ____/____/____ Expiry Date ____/____/____
mm / dd / yyyy mm / dd / yyyy

George Brown College and ParaMed Consent & Agreement

I hereby consent that the Clinical Pre-placement Office can submit my Non-medical documents to ParaMed on my behalf.

I understand that any false statement is grounds for cancellation of admission to clinical or field placement.

I understand that the College has the right to cancel my admission privilege on the basis of information submitted or withheld

By signing below that you agree and reviewed that the documents are all valid for the academic year.

X _____
(Signature) (Date)