

Full-Time Program: S124 Dental Hygiene (Fall 2019)**2nd Year Semester: 4, 5 & 6****Renewal health form submission deadline: August 16, 2019****STUDENT CHECKLIST AND ACTIONS REQUIRED**

Notice: If you are returning student in this program, it is your **responsibility** to complete & submit all the medical & additional health form requirements and submit it to ParaMed by the given deadline. If you **FAIL** to do so, you will **NOT** be allowed to practice and you will be **EXCLUDED** from client care sessions in the Dental Clinic Labs 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.

RENEWAL: MEDICAL REQUIREMENTS

- Seasonal Flu Shot (**recommended every Nov/Dec**)
- Step 1-Tuberculosis Skin Test, **pg. 2**
Tuberculosis Skin Test with Negative (-) or (< 10 mm) results from last year (only if applicable)
 - Book an appointment with your doctor/Walk-In Clinic and bring your new PRR 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 last year (only if applicable)**
 - Book an appointment with your doctor/Walk-In Clinic and bring your new PRR form at your scheduled appointment.
 - If your previous TB skin test result was "**Positive (+) or (> 10 mm)**" 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 do a physical examination to 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 & Medical Office Stamp (*fees may apply*), **pg. 2**
- Complete any Medical Deficiency from your last visit with ParaMed (*if any*), **pg. 3**
- Please bring your old health form documents

RENEWAL: 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 ParaMed Office. **Please read all detail instructions on pgs. 4-5**

- [Police Vulnerable Sector Check](#) (renew every year) **pg. 4**
- [CPR Level \(C\) Certificate Card](#) (renew every year) **pg. 4**
- [Mask Fit Test Certificate Card](#) (renew every two years) **pg. 4**
- [ParaMed Office](#) Appointment & Service Fees, **see below & pg. 4**
- ParaMed and George Brown College Agreement Form, **pg. 5**

PARAMED OFFICE APPOINTMENT & SERVICE FEES (rates are subject to change)

Notice: Once you have everything done and completed, your **final step** is to **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.

(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)
- Mask Fit Test-\$42.70, 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-Fri)** 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/visit [FT Program Pre-placement](#)

**FULL TIME PROGRAM: 2nd YEAR S124-DENTAL HYGIENE
RENEWAL HEALTH FORM (FALL 2019)**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

(ParaMed Official Stamp here)

Deadline: August 16, 2019

MEDICAL REQUIREMENTS

(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.

1. 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 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: _____

2. STEP 1-TUBERCULOSIS SKIN TEST (renew every year and see instructions below)

STEP 1-TB SKIN TEST

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

- **Negative with less than (< 10 mm):** If your previous Two Consecutive Step-TB Skin Test result was both "Negative with less than (< 10 mm)" induration from last year, please ask your doctor to renew your Step 1-TB Skin Test only and document it below.
- **Positive must be more than (> 10 mm):** If your previous TB Skin Test result was "Positive with over (> 10 mm)" induration from last year, you are **NO longer** required to do anymore TB Skin Test or Chest X-ray again. Please advise your doctor to do annual physical examination and answer letters (A-F) below. No Exceptions!

**TB SKIN TEST POSITIVE MUST BE (MORE THAN >10 MM) INDURATION
DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW;**

- a) **Chest X-ray (attach a copy of the Chest 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? 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 _____ **(pg. 2)**

Date (mm/dd/yyyy) _____ **Medical Office Stamp** _____ **(pg. 2)**

NAME x _____ GBCID# x _____

2ND YEAR-S124 DENTAL HYGIENE PROGRAM (FALL 2019) RENEWAL HEALTH FORM

3. LIST OF MEDICAL DEFICIENCY

- If you have any medical deficiency from your last appointment with ParaMed, please use the information that is applicable to you below. It is mandatory that you process and complete the given deficiency with your doctor/physician, before you book and pay for your next ParaMed appointment. Otherwise, it will result as another Returning Visit Fee to ParaMed. **Note: If you do not have any deficiency, skip this section and proceed to the ParaMed stamp section below.**

Tetanus, Diphtheria & Pertussis (Tdap/Adacel valid every 10 years)

- New dose date: ____/____/_____(mm/dd/yyyy)

Measles, Mumps & Rubella (MMR)

- New dose date: ____/____/_____(mm/dd/yyyy)
- A copy of repeat laboratory blood test report, after 4-6 weeks from your last dose

Varicella (Chicken Pox)

- New dose date: ____/____/_____(mm/dd/yyyy)
- A copy of repeat laboratory blood test report, after 4-6 weeks from your last dose

Hepatitis B

- New dose date: ____/____/_____(mm/dd/yyyy)
- A copy of repeat laboratory blood test report, after 4-6 weeks from your last dose

- ParaMed Completed stamp-** If your old 1st and/or 2nd and/or 3rd year health form has been stamped “**Completed**” by ParaMed, then **No** more injection and/or blood test required. But, it is still **mandatory** that you **bring all of your old health form** documents to your next appointment with ParaMed.

- ParaMed Exception Stamp-** If your old 1st or 2nd or 3rd year health form has been stamped as “**Exception/Non-responder**” by ParaMed, then **No** more injection and/or blood test required, unless it was given/advised by your doctor/physician. But, it is still **mandatory** that you **bring your old health form** doctor to your next appointment with ParaMed.

NAME x

GBCID# x

**2ND YEAR S124-DENTAL HYGIENE PROGRAM (FALL 2019)
RENEWAL OF 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

Notice: All 2nd year students are required to apply for police vulnerable sector check and must be valid for the entire academic year. Please attach the original police vulnerable sector check and submit it to ParaMed at your scheduled appointment. Students cannot attend placement until ParaMed has received the original written police check report. If your police check record is “Not Clear”, you must contact your Chair or academic coordinator to disclose this information and it can **jeopardize** your academic standing and 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 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 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 provinces

- 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 **2-6 weeks** to process your application form, with the exception of Niagara region which takes **10 weeks** to process. 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. CPR LEVEL (C) CERTIFICATE CARD (start this after July 1st and renew every year)

[CPR Level \(C\) Certificate Card \(No Standard First Aid required\)](#) it is mandatory that you renew your CPR level (C) certificate every year and it must be valid for the entire academic year from September 2018 to June 2019. For the list of First Aid Approved Trainers, click here for more information or you can register at any First Aid Trainers available in your area. No online CPR Training Certificate is accepted. It is mandatory that you have it done with a standard in-class format. Please bring your original certificate card and photocopies at your scheduled appointment with ParaMed.

CPR LEVEL C Certificate

Issued Date ___/___/___ **Expiry Date** ___/___/___ (one year after the issued date)
 mm / dd / yyyy mm / dd / yyyy

6. 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.

Mask Fit test Certificate

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

7. PARAMED OFFICE APPOINTMENT & SERVICE FEES

- Once you have everything done, your **final step** is to create an account and book an appointment with [ParaMed](#) online at www.georgebrownhealth.ca
- ParaMed Office is a “**Fragrance Free Zone**”, kindly **do not wear** any perfume, lotion or cologne at your appointment.
- Download your Requisite/ParaMed Confirmation Visit Sheet
- Please be prepared for your mask fit testing before you go to your [ParaMed](#) appointment.
- Bring and submit ALL OF YOUR of all your forms immunization records, police check and CPR certification: (1) set of originals and (1) set of photocopies. (pgs. 2-5) Bring your old 1st year and 2nd year health form documents, Initial Visit and Mask Fit Test fee payment, (page 1). Please keep all of your original forms and documents with you for future reference. GBC does not keep or maintain any hard copies of your health form records.

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

Name x _____

Program S124-DENTAL HYGIENE

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, Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca
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(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 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.