

Full-Time Program: (S135) Office Admin-Health Services
Second Year: Semester 3 & 4 (Fall 2019)
Requisite health form deadline: September 6, 2019

STUDENT CHECKLIST & ACTIONS REQUIRED

Notice: If you are a returning student in this program, it is your **responsibility** to start and meet all the medical & additional requirements outlined below. This process will take **10 to 12 weeks** to complete and it must be submitted to ParaMed Office by the given deadline. If you **fail** to do so, you will be **excluded** from clinical/field 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 (Mandatory except Flu Shot)

Book an appointment with your doctor/Walk-In Clinic. Bring this health form to your appointment and advise your doctor to sign and stamp your health form documents upon completion of all medical requirements. 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. 2 & 3**

- Tetanus, Diphtheria & Pertussis (*Tdap/ADACEL/Boostrix valid every ten years*) and ATTACH yellow card/immunization record) **pg. 2**
- Seasonal Flu Shot (*recommended every November/December*)
- Measles, Mumps, Rubella (MMR) (*ask your doctor to do blood test, ATTACH copies of lab blood test report & immunization records*) **pg. 2**
- Varicella (Chicken Pox) (*ask your doctor to do blood test, ATTACH copies of lab blood test report & immunization records*) **pg. 2**
- Hepatitis B (*ask your doctor to do blood test, ATTACH copy of lab blood test report & immunization records*) **pg. 3**
- Two Consecutive Step-Tuberculosis Skin Test (*ask your doctor to document all TB skin test dates given, dates read & induration results*) **pg. 3**
- Final Signature of doctor/physician & Medical Office Stamp-fees may apply, **pg. 2 & 3**
- Yellow immunization card or any type of immunization records

ADDITIONAL REQUIREMENTS (Mandatory)

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. **Please read all detail instructions on pgs. 4-5**

- [Police Vulnerable Sector Check](#) (*renew every year*) **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 **create an account and book an appointment** with ParaMed Office online at www.georgebrownhealth.ca by the 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-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 or visit [FT Program Pre-placement](#)

FULL-TIME PROGRAM: (S135) 2nd YEAR-OFFICE ADMIN HEALTH SERVICES
REQUISITE HEALTH FORM (FALL 2019)

NAME x _____

GBC ID# x _____

TEL x _____

EMAIL x _____

(ParaMed Official Stamp here)

DEADLINE: September 6, 2019

MEDICAL REQUIREMENTS (Mandatory except Flu Shot)
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.

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 valid every 10 years) attach a yellow card or any proof of immunization record

Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel) 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.

Seasonal Flu Shot Given Date ____/____/____(mm / dd / yyyy) Health care professional signature _____

3. MEASLES, MUMPS & RUBELLA (MMR) (doctor 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; ATTACH copy of most recent MMR laboratory blood test reports valid within 5 years)

Non-Reactive/Non-Immunity/Indeterminate lab test result (Note: ATTACH copy of most recent laboratory blood test report and get the following doses; maximum of three MMR doses in a lifetime)

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

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

3rd dose date ____/____/____ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Indeterminate, student status will be considered "Non-responder/Exception")

4. VARICELLA (CHICKEN POX) (doctor 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; ATTACH copy of most recent laboratory blood test reports valid within 5 years)

Non-Reactive/Non-Immunity/ Indeterminate lab test result (Note: ATTACH copy of most recent laboratory blood test report and get the following doses as outlined below; maximum of two Varivax doses in a lifetime)

1st dose date ____/____/____ (four weeks after 1st dose, get a 2nd dose) (mm/ dd / yyyy)

2nd 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 _____ (pgs. 2 & 3)

Date (mm/dd/yyyy): _____ Medical Office Stamp: _____ (pgs. 2 & 3)

NAME x _____ GBC ID# x _____

(2nd year OAHS) MEDICAL REQUIREMENTS-Mandatory

5. HEPATITIS B (doctor 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; ATTACH 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: ATTACH 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)

1st dose date ___/___/___ (four weeks after the 1st dose, get a 2nd dose)
2nd dose date ___/___/___ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Negative, get a 3rd dose)
3rd dose date ___/___/___ (due in six month after 1st dose, repeat blood test after 4 to 6 weeks, if result is Non-Reactive/Negative, get a 4th dose)
4th dose date ___/___/___ (after 4 weeks, get a 5th dose)
5th dose date ___/___/___ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Negative, get the final 6th dose)
6th 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 (No injections required and ATTACH copy of most recent "Antigen Positive" blood test report and notify the medical officer)

6. 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 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) (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 & 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)

NAME x _____ GBCID# x _____

2nd YEAR S135-OFFICE ADMIN HEALTH SERVICES ADDITIONAL REQUIREMENTS (Mandatory)

7. POLICE VULNERABLE SECTOR CHECK (renew every year)

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

Notice: Your program strongly and highly recommend that all students must have a “clear” police check renewed every year to **avoid** any issues and problems with their placement agency partners. Please ATTACH the original police vulnerable sector check result and submit it to ParaMed at your scheduled appointment. 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.

If you have a “not clear” police check, your academic coordinator will **exclude** you from field practice course which will **jeopardize** your academic standing and can lead to program **withdrawal**. Please contact your Chair to discuss this matter immediately.

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, Niagara, London, Peel & York) or other province, you may apply for your police check after August 1st, 2018.

- If you live in another region such as (Durham, Halton, Hamilton, London, 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 you apply for your police check and ensure its validity 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 except Peel region, 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](#).

8. 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 or see the Mailing Option available for you below.
- ParaMed Office is a “**Fragrance Free Zone**”, kindly **do not wear** any perfume, lotion or cologne at your appointment.
- Fill-out and complete all of the top sections with your name, ID#, program, telephone and email **(pgs. 2-5)**
- Download your ParaMed Confirmation Visit Sheet
- Bring and submit ALL OF YOUR of all your forms and lab tests, immunization records and police check certification: (1) set of originals and (1) set of photocopies at your scheduled appointment, **(pgs. 2-5)**
- Bring your Initial Visit Payment at your scheduled appointment **(page 1)**
- After your ParaMed appointment, it is **mandatory** that you keep all of your original health form documents to show proof at your upcoming placement and future reference.
- GBC **do not** keep any originals of your health form records.

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

Name x _____

Program: (S135) Office Admin-Health Services-2nd year

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
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(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 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.