

Full-Time Program: (S400) Restorative Dental Hygiene (Fall 2019)**First Year: Semester 1 & 2****Requisite health form deadline: October 26, 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 clinical 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

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**
- Seasonal Flu Shot (recommended every year in November/December) **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)

Please apply for your police check and certificates below 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](#) (No Standard First Aid required, 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**
- Fill-out & complete all of the top sections with your name, ID#, program, issued/expiry dates and Agreement Form, **pgs. 2-5**

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 effective on 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
- **(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](#)

FULL-TIME PROGRAM: (S400) RESTORATIVE DENTAL HYGIENE REQUISITE HEALTH FORM (FALL 2019)

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

(ParaMed Official Stamp here)

Deadline: October 26, 2019

MEDICAL REQUIREMENTS (Mandatory except the 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. 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 cannot find your old immunization record, you must contact your doctor's office or your regional Public Health and ask them to send you a copy.

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) Booster ____/____/____ (mm/dd/yyyy)

2. SEASONAL FLU SHOT (recommended every 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 _____

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; 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; 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; 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; 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 _____

S400 RDH-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; 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. Maximum of six Hep B doses in a lifetime)

1st dose date ____/____/____ (four weeks after the 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/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 (Note: No injections required and ATTACH copy of most recent "Antigen Positive" blood test 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 one 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)

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

Name x _____

Program (S400) RESTORATIVE 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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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.