

**Full-Time Program: (C112) Personal Support Worker**  
**New First Year: Semester 1 & 2 (Fall 2020)**  
**Requisite Health Form Deadline: October 30, 2020**

### NEW STUDENT CHECKLIST & ACTIONS REQUIRED

Upon your **acceptance** 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 you must have a clear police check record. If you **fail** to complete and submit this to ParaMed Office by the given deadline, you will be **excluded** from clinical which will **affect** your academic standing & can lead to program **withdrawal**. **All costs, service fees and fine associated with the overall medical and additional requirements are responsibility of the student.**

#### Medical Requirements (mandatory)

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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/immunization record **pg. 2**
- Seasonal Flu Shot (*mandatory every year in November/December*) **pg. 2**
- Measles, Mumps & Rubella (*documentation of two doses of MMR vaccine OR laboratory evidence of immunity*) **pg. 2**
- Varicella (*documentation of two doses of Varivax vaccine OR laboratory evidence of immunity*), **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, student pay)

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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. All costs, service fees and fine associated with the overall health form requirements are responsibility of the student. **Please read and follow all detailed instructions on pages 4-5.**

- [Police Vulnerable Sector Check](#) (*renew every six months, see application deadline dates per semester*) **pg. 4**
- [Standard First Aid Certificate Card](#) (*renew every three years, No Emergency First Aid level is accepted*) **pg. 4**
- [CPR Level \(HCP\)/BLS 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**
- Fill-out & complete all of the sections with your name, ID#, program, issued/expiry dates and Agreement Form, **pgs. 2-5**

#### ParaMed Service Fees and Fine (rates are subject to change, student pay)

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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](http://www.georgebrownhealth.ca) by the given deadline. It is mandatory that you bring and submit all the originals, one set of photocopies of your forms and pay the Service Fees listed below at your scheduled appointment. Please **DO NOT** book or go to ParaMed Office with an **INCOMPLETE** form, otherwise you will **be charged** a **Returning Visit Fee**. ParaMed is a **"Fragrance Free Zone"**, kindly **do not wear** any perfume, lotion or cologne at your appointment.

#### (June 1<sup>st</sup>, 2020 to May 31<sup>st</sup>, 2021)

- Standard Visit Fee - \$58.41 dollars (submission of health form, RN fee, archives & medical records access online)
- Returning Visit Fee (due to a Deficiency List Form) - \$25.59 dollars
- Cancelled or Missed Appointment Fine - \$58.41 dollars (without 24 hour notice)
- Mask Fit Test - \$44.43, Photocopy - \$3.00

#### CONTACT US

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- Suzette Martinuzzi, Pre-placement Coordinator at (416) 415-5000 ext. 3415 or via email [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca)
- Clinical Pre-placement Office Business Hours and locations:
- **(Mon-Wed)** 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront Campus
- **(Thurs-Fri)** 200 King Street East, Room 401B, 4<sup>th</sup> Floor, Building "A", St. James Campus
- 8:00 am to 3:30 pm, by appointment only or visit [FT Program Pre-placement](#)

**FULL-TIME PROGRAM: (C112) PERSONAL SUPPORT WORKER  
NEW FIRST YEAR-REQUISITE HEALTH FORM (FALL 2020)**

Name x \_\_\_\_\_

GBC ID# x \_\_\_\_\_

Tel x \_\_\_\_\_

Email x \_\_\_\_\_

*(ParaMed Official Stamp here)*

**Deadline: October 30, 2020**

**MEDICAL REQUIREMENTS (Mandatory)  
(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. 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/Boostrix) booster \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**2. SEASONAL FLU SHOT (mandatory every year in November/December)**

- Influenza vaccines is available free of charge (except for International Students without an OHIP card) in the fall/winter either from your doctor's office/Walk-in Clinic/pharmacy. **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.** If you know or suspect that you have an **allergy to eggs** or other vaccination preservatives or components, please talk to your doctor/physician and ask for a **medical note** (fees apply) for us to give you an exemption. Students are encouraged to submit evidence of the vaccination in December. The influenza vaccine is mandatory for this program, 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) (Two doses vaccine  OR  Laboratory evidence of immunity)**

**Documentation of receipt of two doses of MMR vaccine** on or after the 1<sup>st</sup> birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.

1<sup>st</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/ dd / yyyy

2<sup>nd</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (four weeks after 1<sup>st</sup> dose)  
mm/ dd / yyyy

**OR**

**Laboratory evidence of immunity** and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, **no** booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

**4. VARICELLA (CHICKEN POX) (Two doses vaccine  OR  Laboratory evidence of immunity)**

**Documentation of receipt of two doses of Varivax vaccine** on or after the 1<sup>st</sup> birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.

1<sup>st</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/ dd / yyyy

2<sup>nd</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (four weeks after 1<sup>st</sup> dose)  
mm/ dd / yyyy

**OR**

**Laboratory evidence of immunity** and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, **no** booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

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 \_\_\_\_\_

**NEW FIRST YEAR C112 PSW-MEDICAL REQUIREMENTS (Mandatory)**

**5. HEPATITIS B (doctor must check the appropriate box, attach a copy of lab blood test report 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)
- Non-Immunity/Non-Reactive/Negative/Low (>0 or <10) "Antibody" laboratory blood test report, you must get new doses as outlined below. Maximum of six Hep B doses in a lifetime.

1<sup>st</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (four weeks after the 1<sup>st</sup> dose, get a 2<sup>nd</sup> dose)  
 (mm/ dd / yyyy)

2<sup>nd</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Negative, get a 3<sup>rd</sup> dose)

3<sup>rd</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (due in six months after 1<sup>st</sup> dose, repeat blood test after 4 to 6 weeks, if result is Non-Reactive/Negative, get a 4<sup>th</sup> dose)

4<sup>th</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (after 4 weeks, get a 5<sup>th</sup> dose)

5<sup>th</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Negative, get the final 6<sup>th</sup> dose)

6<sup>th</sup> 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 done 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 \_\_\_\_\_ GBC ID# x \_\_\_\_\_

**NEW FIRST YEAR C112 PSW-ADDITIONAL REQUIREMENTS (Mandatory)**

**7. POLICE VULNERABLE SECTOR CHECK (renew every six months)**

Issued Date \_\_\_ / \_\_\_ / \_\_\_      Expiry Date \_\_\_ / \_\_\_ / \_\_\_ (six months after the issued date)  
                               mm / dd / yyyy                               mm / dd / yyyy

**Notice:** Your academic department strongly and highly recommend that all students must have “clear” police check record valid every year to avoid any issues and problems with this program. Please attach the original police vulnerable sector check record and submit it at your scheduled ParaMed appointment. If you are **excluded** from placement due to a **"not clear"** police check record, it will jeopardize your academic standing and can lead to withdrawal. Please contact your Chair to discuss this matter before you register and pay for this program. 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 all the instructions in how to apply for your Police Vulnerable Sector Check according to your regional police service, complete and submit it to us by the specific deadlines as outlined below. If you fail to do so, you will be excluded from placement.

**Toronto Police Vulnerable Sector check process for students who currently reside in [Toronto region](#) (with a postal code that starts with letter “M”) during COVID19 pandemic**

- You must send an email request to Suzette Martinuzzi, Clinical Preplacement Coordinator at [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca) with your Full name, GBC ID#, Program Name and Semester
- Once you received it in your email, you must download and print it in a **legal-size (8x14) paper only (NO other format or size accepted)**
- Fill out, complete and sign all the sections of the application form and make sure that your writing is clear and legible
- You must attach a **BANK DRAFT/MONEY ORDER PAYMENT OF \$20.00 DOLLARS PAYABLE TO TORONTO POLICE SERVICE** and a photocopy of your government issued ID either Driver’s license, passport or Ontario ID card. Please keep your bank receipt as your proof of payment. **(NO other payment method accepted)**
- Due to the college closure, we are unable to mail and process it on your behalf. Therefore, you must mail your Toronto Police form and payment directly to their **address** below:
  - **Records Management Services, Toronto Police Service**
  - **40 College Street, Toronto, ON M56 2J3**

**For students who currently reside in another region such as [Durham, Halton, Hamilton, OPP, Niagara Peel, York](#) and/or other province**

What if I currently reside in another region mentioned above, when do I need to apply for my police check?

- **Fall Semester**-it will be in September
- **Winter Semester**-it will be in February

How do I apply during this COVID19 pandemic?

- Please check your specific regional police service website and they can take up to **2-6 weeks** to process your application, except for **Niagara and Halton region** which can take **6 to 8 weeks** to process.
- If you require a volunteer letter to get the student rate, please send us an email with your full name, ID#, program name and the complete address of your regional police service or for more information, click here [Police Vulnerable Sector Check](#)



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

Name x \_\_\_\_\_

**Program:** (C112) PERSONAL SUPPORT WORKER-NEW FIRST 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, Coordinator at (416) 415-5000 ext. 3415 or via email [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca)  
Clinical Pre-placement Office campus locations:  
(Mon-Wed) 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront Campus  
(Thursday-Friday) 200 King Street East, Room 401B, 4<sup>th</sup> 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.