

**Full-Time Program: (S121) Practical Nursing
New First year-Semester 1 (Fall 2020)
Requisite Health Form deadline: October 16, 2020**

NEW STUDENT CHECKLIST & ACTION 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 medical and additional requirements are responsibility of the student.

Medical Requirements (mandatory)

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 10 years*) & attach yellow card/immunization record, **pg. 2**
- Seasonal Flu Shot (*mandatory every November or 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 for blood test and ATTACH copy of laboratory test report & immunization record*) **pg. 3**
- Two Consecutive Step-Tuberculosis Skin Test (*doctor to document all TB dates given, dates read, induration result, start after April 1st*) **pg. 3**
- Final Signature of doctor/physician and Medical Office stamp, **pg. 2 & 3**
- Yellow immunization card or any type of immunization records

Additional Requirements (mandatory, student pay)

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. All costs, service fee and fine associated with the overall health form requirements are responsibility of the student. **Please read all detail instructions on pgs. 4-5**

- [Police Vulnerable Sector Check](#) (*renew every year*) **pg. 4**
- [Standard First Aid Certificate Card](#) (*renew every three years, No Emergency First Aid level is accepted, start after April 1st*) **pg. 4**
- [CPR Level \(HCP\)/BLS Certificate Card](#) (*renew every year, start after April 1st*) **pg. 4**
- [Mask Fit Test Certificate Card](#) (*renew every two years*) **pg. 4**
- [ParaMed Office](#) Appointment & Service Fees, **see below & pg. 4**
- Fill-out and complete all of the top and bottom sections with your name, ID#, program, issued/expiry dates and Agreement Form, **pgs. 2-5**

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

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 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 1st, 2020 to May 31st, 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

- Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca
- Clinical Pre-placement Office Business Hours and 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
- 8:00 am to 3:30 pm, by appointment only or visit [FT Program Pre-placement](#)

**FULL TIME PROGRAM: (S121) PRACTICAL NURSING
NEW SEMESTER 1-REQUISITE HEALTH FORM (FALL 2020)**

Name x _____
 GBC ID# x _____
 Tel x _____
 Email x _____

(ParaMed Official Stamp here)

Deadline: October 16, 2020

MEDICAL REQUIREMENTS (Mandatory)

(TO COMPLETE, SIGN AND STAMP BY YOUR DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL)

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

Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel) Booster ____/____/____ (mm/dd/yyyy)

2. SEASONAL FLU SHOT (Mandatory every 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 1st 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.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd Dose date ____/____/____ (four weeks after 1st 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 1st 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.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd Dose date ____/____/____ (four weeks after 1st 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 _____ (both pgs. 2 & 3)

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

George Brown College & ParaMed Agreement Form
(Please complete & sign prior to your ParaMed appointment)

Name _____

Program: S121 Practical Nursing-New Semester 1 Fall Term

I _____ (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.

(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.

(Signature) (Date)

Contact Us

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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.