Full-Time Program: (C112) Personal Support Worker
Returning Semester 2 (Fall/Winter/Spring Term)
Renewal Health Form deadline: two months before the start of new semester

RETURNING 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 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. ***Please read all detail instructions on pgs. 2 & 3***

- ☐ 1. Seasonal Flu Shot *(every year in November or December)* ***pg. 2***
- ☐ 2. Step 1 Tuberculosis Skin Test (renew every year)*,* ***pg. 2***
- ☐ 3. List of Medical Deficiency, ***pg. 3***
- ☐ 4. Final signature of your doctor/physician and medical office stamp, ***pages 2***

ADDITIONAL REQUIREMENTS (Mandatory, student pays)

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 six months)* ***pg. 4***
- ☐ **Basic Life Support/CPR Level HCP Certificate-** (*renew every year)* ***pg. 4***
- ☐ **Mask Fit Test Certificate Card** *(renew every two years)*
- ☐ **ParaMed Requisite** Service Fees, ***see below & pg. 4***
- ☐ Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form, ***pgs. 2-5***

NEW PARAMED REQUISITE PORTAL SERVICE FEE *(rates are subject to change, student pays)*

Once you have everything completed, your final step is to create an account and upload your completed Health Form documents to th**e new ParaMed Requisite Portal** at **https://georgebrowncollege.requisite.ca/** by the given deadline.

(June 1, 2020 to May 31, 2021) (Student pays)

- Initial submission fee - $58.41 dollars (submission of health form, RN fee, archives & medical records access online)
- Resubmission fee (due to a Deficiency List Form) - $25.59 dollars
- Mask Fit Test fee - $44.43 (if required)

CONTACT US

- Suzette Martinuzzi, Clinical Pre-placement Coordinator, contact via email **smartinu@georgebrown.ca**
- Clinical Pre-placement Office **(remains closed)**
- Virtual Business Hours: Monday to Friday, 9:00 am to 3:00 pm

FULL-TIME PROGRAM: (C112) PSW PROGRAM
RETURNING SEMESTER 2-RENEWAL HEALTH FORM (FALL/WINTER/SPRING)

Name x_____
GBC ID# x_____
Tel x_____
Email x_____
Submission deadline: two months before the start of new semester

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. **SEASONAL FLU SHOT** ***(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_____*

2. **STEP 1-TUBERCULOSIS SKIN TEST** ***(renew every year, 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 (-) (less than < 10 mm induration)*** *If your previous Two Consecutive Step-TB Skin Test results 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 (+) (more than > 10 mm induration****) 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 TB physical examination and must complete letters* ***(A-F)*** *below. No Exceptions!*

TB SKIN TEST POSITIVE WITH MORE THAN >10 MM INDURATION
DOCTOR/PHYSICIAN MUST DO ANNUAL TB PHYSICAL EXAM & COMPLETE 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)

C112 PSW-RETURNING SEMESTER 2 STUDENT
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 sections 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)*
- Copy of repeat laboratory blood test report, 4 to 6 weeks from your last dose

Varicella (Chicken Pox)
- New dose date: _____/_____/_____*(mm/dd/yyyy)*
- Copy of repeat laboratory blood test report, 4 to 6 weeks from your last dose

Hepatitis B
- New dose date: _____/_____/_____(mm/dd/yyyy)
- A copy of repeat laboratory blood test report, 4 to 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_____

(C112 PSW) RETURNING SEMESTER 2
ADDITIONAL REQUIREMENTS (Mandatory)

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 requires that all students must have a ***"clear"*** police check valid for the academic year. Please attach the original police vulnerable sector check record and submit to ParaMed. If you are **excluded** from placement due to a ***"not clear"*** police check, 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 the instructions with regard to how to apply for your police check according to your regional police service;**

COVID-19 Update: Toronto Police Vulnerable Sector check process for students who currently reside in Toronto region (with a postal code that starts with letter "M")

- You must send an email request to Suzette Martinuzzi, Clinical Preplacement Coordinator at smartinu@georgebrown.ca with your Full name, GBC ID#, Program Name and Semester.
- Once you received it, 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, London, Niagara, Peel & York) or other province.

- If you live in another region such as (Durham, Halton, Hamilton, London, Peel & York) or other province, please check your specific regional police service website and they can take **two-six weeks** to process your application form, with exception to Niagara region which takes **10 weeks** to process.
- Please apply for police check as it needs to be valid in the 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.**

BASIC LIFE SUPPORT/ CPR LEVEL (HCP) CERTIFICATE ***(renew every year)***

- *It is mandatory that you register for* **BLS/CPR level (HCP) certificate (must be renewed every year)** ***(No Standard First Aid course required)*** *and valid for the entire academic year. 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. Please bring your original certificate card and photocopies at your scheduled appointment with Paramed.*

BLS/ CPR Level-HCP Certificate Card

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

NAME x_____ **GBCID#** x_____

(C112 PSW) REPEATING SEMESTER 2
ADDITIONAL REQUIREMENT (Mandatory)

MASK FIT TEST CERTIFICATE ***(renew every two years)***

- ✓ You can get a **qualitative mask fit test** either from your workplace or other third party company.
- ✓ All **male students** must be **clean-shaven** the same day as your scheduled appointment**.** No **facial hair** or **jewelry** that may interfere with the seal of the mask.
- ✓ Please **do not** eat, drink, smoke and chew gum one hour prior to your appointment.
- ✓ If you **suspect your pregnant or are pregnant, breastfeeding, have asthma symptoms or asthmatic and you cannot get the mask fit done**, please discuss with your doctor and request a **medical note (fees apply) to exempt** you from mask fit test.
- ✓ All nursing students must be tested and fitted for an appropriate qualitative mask (respirator) in the event of flu (or other airborne/droplet) outbreak.
- ✓ If your upcoming placement agency, requires another specific mask manufacturer and model number aside from what you received. Please contact the Clinical Placement office at clinicalplacement@georgebrown.ca
- ✓ Certificate/card must clearly state the mask model, type, and size and always carry it during placement.

MASK FIT TEST CERTIFICATE

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

FINAL STEP: Once you have everything completed, your final step is to create an account and upload your completed Health Form documents to th**e new ParaMed Requisite Portal** at **https://georgebrowncollege.requisite.ca/** by the given deadline.

George Brown College & ParaMed Agreement Form

Name *x*_____

Program (C112 PSW) Repeating Semester 2

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
Virtual Business Hours: 9:00 am to 3:30 pm, by appointment only

FREEDOM OF INFORMATION ANDPROTECTION 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, Regulation77 and the Public Hospital Act R.S.O.1980 Chapter 410, R.S.O. 1986, Regulations65 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.