

**Full-Time Program: (C112) Personal Support Worker  
New First Year: Semester 1 (Winter Term 2020)  
Requisite Health Form deadline: March 13, 2020**

**NEW STUDENT CHECKLIST & ACTION REQUIRED**

**Notice:** Upon your **acceptance** in this program, it is your **main 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 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)**

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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) & attach yellow card/proof of 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)**

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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 month, see application deadline dates) **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 appointment and Service Fees (rates are subject to change)**

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**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](http://www.georgebrownhealth.ca) by the given 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 Office is a "**Fragrance Free Zone**", kindly **do not wear** any perfume, lotion or cologne at your appointment.

**(New Service Fees as of June 1<sup>st</sup>, 2019 to May 31<sup>st</sup>, 2020)**

- Standard Visit Fee - \$57.27 dollars (submission of health form, RN fee, archives & medical records access online)
- Subsequent Visit Fee (due to a Deficiency List Form) - \$25.10 dollars
- Cancelled or Missed Appointment Fine-\$57.27 dollars (without 24 hour notice)
- Mask Fit Test-\$43.56, 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 SEMESTER 1  
REQUISITE HEALTH FORM (WINTER TERM 2020)**

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

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

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

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

*(ParaMed Official Stamp here)*

**Deadline: March 13, 2020**

**MEDICAL REQUIREMENTS (mandatory)**

**(TO BE COMPLETED, 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/ 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 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) (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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/ dd / yyyy

**OR**

**Laboratory evidence of immunity** and attach a copy of "Antibody IgG" blood test report valid **within five years**. 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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/ dd / yyyy

**OR**

**Laboratory evidence of immunity** and attach a copy of "Antibody IgG" blood test report valid **within five years**. 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)*

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

**(C112 PSW) MEDICAL REQUIREMENTS (mandatory)**

**5. HEPATITIS B (doctor must check the appropriate box, attach a copy of laboratory evidence of immunity valid within 5 years and document all lifetime 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 IgG" laboratory blood test report valid within 5 years)
- Non-Immunity/Non-Reactive/Negative/Low (>0 or <10) "Antibody IgG" laboratory blood test report, you must receive booster dose, as outlined below. Maximum of six Hep B doses in a lifetime.
  - 1<sup>st</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (after four weeks, get a 2<sup>nd</sup> dose)  
(mm/dd/yyyy)
  - 2<sup>nd</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (repeat another blood test after four-six weeks, if result change to Immunity or Reactive, no more booster shot required. But, if it still Non-immunity/Non-reactive, get 3<sup>rd</sup> dose below)
  - 3<sup>rd</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (due in six month after 1<sup>st</sup> dose, repeat another blood test after four to six weeks and if result is still Non-Reactive/Negative, get a 4<sup>th</sup> dose below)
  - 4<sup>th</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (after four weeks, get a 5<sup>th</sup> dose below)
  - 5<sup>th</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (repeat blood test after four-six 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 four-six 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 all instructions below)**

- ✓ **First Time:** If this is your first time to do Two Consecutive Step-TB Skin Test, 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 Two Consecutive TB Skin Test within 7-21 days with negative results:** 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", renew Step 1-TB Skin
- ✓ **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

**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 every 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: \_\_\_\_\_ (both pgs. 2 & 3)

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

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

**(C112 PSW) NEW SEMESTER 1-REQUISITE HEALTH FORM  
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

- ✓ Your academic program strongly and highly recommend that all students must have “Clear” police vulnerable sector check record valid for the entire academic year. Please **attach** the original police vulnerable sector check result and submit it at your scheduled ParaMed appointment. *If you have a “Not Clear” police check record, your faculty will **exclude** you from the Clinical Practice course which will **impact and jeopardize** your academic standing and can lead to program **withdrawal**. 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 of 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.

**For students who currently reside in Toronto region (with a postal code that starts with letter “M”)**

How can I obtain the Toronto Police vulnerable sector form?

- ✓ You must book an appointment to see Suzette Martinuzzi at 416-415-5000, ext. 3415 or [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca)
- ✓ It is mandatory that you bring a money order/bank draft payment of \$20.00 dollars payable to Toronto Police Service and a government photo ID at your scheduled appointment. *(No other payment method accepted)*
- ✓ Once we receive your form and payment, we will mail it to Toronto Police Service on your behalf and they will process it within 4 to 6 weeks.

When do I need to apply and submit my Toronto Police vulnerable sector application form and payment?

- ✓ **Semester 1, Winter 2020**-you must submit it to our office by November 16, 2019
- ✓ **Semester 2, Spring 2020**-you must submit it to our office by April 17, 2020

When is the deadline to submit the copy of my new police check record to update my ParaMed account online?

- ✓ **Semester 1, Winter 2020**-it will be on March 13, 2020 on your scheduled ParaMed appointment
- ✓ **Semester 2, Spring 2020**-it will be on June 26, 2020 to the Pre-placement Office only and No ParaMed appointment required

**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, except Halton and Niagara Region as it takes 6-8 weeks to process?

- ✓ **Semester 1, Winter 2020**-it will be on January 5, 2020
- ✓ **Semester 2, Spring 2020**-it will be on June 1, 2020

How do I apply for the renewal?

- ✓ Please go to your specific regional police service and they can take up to **2-6 weeks** to process your application, with the **exception of 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](#)

When is the deadline to submit the copy of my new police check record to update my ParaMed account online?

- ✓ **Semester 1, Winter 2020**-it will be on March 13, 2020 for your ParaMed appointment
- ✓ **Semester 2, Spring 2020**-it will be on June 26, 2020 to the Pre-placement Office only and No ParaMed appointment required

(C112 PSW) NEW SEMESTER 1-REQUISITE HEALTH FORM  
ADDITIONAL REQUIREMENTS (mandatory)

8. STANDARD FIRST AID CERTIFICATE (renew every three years) & Basic Life Support (BLS) or CPR LEVEL (HCP) CERTIFICATE CARD (renew every year)

- ✓ It is mandatory that you register for Standard First Aid (every three years) with BLS/CPR level (HCP) certificate (every year) 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. **No Emergency First Aid or Online CPR Training Certificate is accepted.** It is mandatory that you have it done with a standard in-class format.

Standard First Aid Certificate Card

- Issued Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (three years after the issued date)  
mm / dd / yyyy mm / dd / yyyy

BLS/CPR Level HCP Certificate Card

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

9. MASK FIT TEST CERTIFICATE CARD (renew every two years)

- ✓ ParaMed Office will do the mask fit test for you at your scheduled appointment. Please **do not** eat, drink, smoke and chew gum 30 minutes prior to your ParaMed appointment. If you **suspect you pregnant or are pregnant**, you need to **submit a medical note to exempt** you from mask fit test. All **male students** must be **clean-shaven**. All students must be tested and fitted for an appropriate mask (respirator) in the event of flu (or other airborne/droplet) outbreak. Cards must clearly state the mask type (model) and size. Please ensure you carry your mask fit card at all times during placement. Mask fit cards are valid for two years after the issue date.

- Issued Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (two years after the issued date)  
mm / dd / yyyy mm / dd / yyyy

10. PARAMED OFFICE APPOINTMENT & SERVICE FEES

- ✓ Once you have everything done, your **final step** is to **create an account and book an appointment** with [ParaMed Office](http://www.georgebrownhealth.ca) online at [www.georgebrownhealth.ca](http://www.georgebrownhealth.ca) and there office is a "Fragrance Free Zone", kindly **do not wear** any perfume, lotion or cologne at your appointment.
- ✓ Bring and submit ALL OF YOUR completed forms and lab tests, immunization records, police check and SFA/CPR level HCP certification: (1) set of originals and (1) set of photocopies at your scheduled appointment.
- ✓ Fill-out, complete and sign all of the top and bottom sections of your forms pages 2-5 prior to your ParaMed appointment.
- ✓ Bring your Initial Visit and Mask Fit Test fee payment and download your ParaMed Confirmation Visit Sheet as proof of appointment and attached it with your forms. After your appointment, you must keep all the originals with you for future reference.

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

Name  \_\_\_\_\_

**Program:** C112) PERSONAL SUPPORT WORKER

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**

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.