

**Full-Time Program: (C112) Personal Support Worker**  
**Returning student (2016-2017 Intake)**  
**Renewal Health Form deadline: One month before the start of the new semester**

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**STUDENT CHECKLIST & ACTIONS REQUIRED**

**Notice:** If you are returning/repeating this program, it is your **main responsibility** to complete & submit all the medical & additional health form requirements outlined below by the above deadline. If you **fail** to do so, you will be **excluded** from clinical/field 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.

**RENEWAL: MEDICAL REQUIREMENTS**

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- Seasonal Flu Shot (*recommended every year in Nov/Dec*)
- Step 1- Tuberculosis Skin Test , *pg. 2*

**Tuberculosis Skin Test-1 Negative (-) or (< 10 mm) results from last year (*only if applicable*)**

- Book an appointment with your doctor/Walk-In Clinic and bring your new Pre-placement health form at your scheduled appointment
- If your previous Two Step-TB skin test result was “**Negative or (less than 10 mm)**” last year, please ask your doctor to do annual Step 1-TB Skin Test. Fees may apply.
- Please ensure that your doctor/physician to complete and sign your health form.

**Tuberculosis Skin Test Positive (+) or > 10 mm results from last year (*only if applicable*)**

- Book an appointment with your doctor/Walk-In Clinic and bring your new Pre-placement health form at your scheduled appointment.
- If your previous TB skin test result was “Positive (+) or (> 10 mm)” results from last year, you are **no longer** required to redo or pay for another TB skin test or Chest X-ray again.
- Please advise your doctor/physician to document your previous TB skin test Positive (+) date given/result and answer the TB Skin Test Questions (No #1-6).
- Please ensure that your doctor/physician complete and sign your health forms

- Final signature of doctor/physician and Medical Office stamp (*fees may apply*), *pg. 2*
- Bring your old first year health form documents
- If any, complete any Medical Deficiency from your last visit with Paramed, *pg. 3*

**RENEWAL: ADDITIONAL REQUIREMENTS**

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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 Requisite/ParaMed Office. Please read all detail instructions on pgs. 4-5*

- Standard First Aid Certificate Card (*must be renewed every three years*), *pg. 4*
- [CPR level HCP Certificate Card](#) (*must be renewed every year*) *pg. 4*
- [Police Vulnerable Sector Check](#) (*must be renewed every six months*) *pg. 4*
- [Mask Fit Test](#) (*must be renewed every two years*) *pg. 4*
- Requisite [ParaMed](#) Office Appointment, *pg. 4*
- ParaMed and George Brown College Agreement Form, *pg. 5*

**REQUISITE/PARAMED 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 Requisite/ParaMed Office online at [www.georgebrownhealth.ca](http://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 Requisite/ParaMed Office with an **INCOMPLETE** forms, otherwise they will **charged** you a **Subsequent Visit Fee**. Requisite/ParaMed is a “**Fragrance Free Zone**”, kindly **do not** wear any perfume, lotion or cologne at your appointment.

- Standard Visit Fee - \$52.95 (submission of health form, RN fee, archives & medical records access online)
- Subsequent Visit Fee (due to a Deficiency List Form) - \$23.14
- Cancelled or Missed Appointment Fine-\$52.95 (without 24 hour notice)
- Mask Fit Test-\$40.31, Photocopy - \$3.00

**QUESTIONS OR BOOK AN APPOINTMENT**

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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)
- The Clinical Pre-placement Office has two office 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](#)

**FULL TIME PROGRAM: (C112) PERSONAL SUPPORT WORKER (RETURNING STUDENT ONLY)  
RENEWAL HEALTH FORM**

Name x \_\_\_\_\_  
 GBC ID# x \_\_\_\_\_  
 Tel x \_\_\_\_\_ (Requisite/ParaMed Official Stamp here)  
 Email x \_\_\_\_\_  
 Deadline x \_\_\_\_\_ (one month prior to the start of new semester)

**MEDICAL REQUIREMENTS  
(DOCTOR/PHYSICIAN/HEALTHCARE 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 (recommended 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: \_\_\_\_\_

**2. STEP 1-TUBERCULOSIS SKIN TEST (Mandatory)**

**Note:** If you had previous Two Step-TB Skin Test and the result was both "Negative (< 10 mm)", please ask your doctor to **renew** your Step 1-TB Skin Test only. If your TB Skin Test result was "Positive (+) or (> 10 mm)", you are **no longer** required to do any TB Skin Test or Chest X-ray again. Please advise your doctor/physician to do a physical examination again and answer questions (letters A-F) below. Fees may apply.

**CURRENT: STEP 1-TB SKIN TEST**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Given Date mm / dd / yyyy) (Date Read (48-72 hours after date given mm / dd / yyyy) (Induration size) (mm)

**TB SKIN TEST POSITIVE (+) OR (>10 MM)  
(DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS A-F BELOW)**

- a) Chest X-ray (Attach a copy of the X-ray report valid within 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? Yes or No Date (mm /dd/ yyyy) \_\_\_\_\_ Dosage \_\_\_\_\_
- f) Specialist Referred? Yes or No Date (mm /dd/ yyyy) \_\_\_\_\_

Final Signature of doctor/physician/health care professional: \_\_\_\_\_ (pg. 2)  
 Date (mm/dd/yyyy) \_\_\_\_\_ (pg. 2)  
 Medical Office Stamp \_\_\_\_\_ (pg. 2)

NAME \_\_\_\_\_ GBCID# \_\_\_\_\_

**(C112) PERSONAL SUPPORT WORKER (RETURNING/REPEATING STUDENT ONLY)  
MEDICAL DEFICIENCY**

**3. MEDICAL DEFICIENCY LIST**

**DID YOU HAVE ANY MEDICAL DEFICIENCY FROM YOUR LAST VISIT WITH PARAMED? If so, please read carefully the instructions below and use the information that only applies to you:**

- ➔ *If your old health form was “**NOT CLEARED**” due to outstanding/missing MMR or Varicella or Hepatitis B or Tdap booster shot and/or repeat lab test from your last visit with ParaMed, it is mandatory that you complete any deficiency as outlined below before you go and pay for your next ParaMed appointment.*

**Tetanus, Diphtheria & Pertussis (Tdap)-must be valid every 10 years or get ADACEL booster shot (Only if applicable)**

- Repeat Dose Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm / dd / yyyy)

**Measles, Mumps & Rubella (MMR) (if only outstanding from your last visit with Paramed)**

- Repeat Dose Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm / dd / yyyy)
- Repeat laboratory blood test report after last dose

**Varicella (if only outstanding from your last visit with Paramed)**

- Repeat Dose Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm / dd / yyyy)
- Repeat laboratory blood test report after last dose

**Hepatitis B (if only outstanding from your last visit with Paramed)**

- Repeat Dose Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm / dd / yyyy)
- Repeat laboratory blood test report after last dose

- ➔ *If your old health form was stamped as “**CLEARED**” from your last visit with Paramed, **NO** injection and/or booster shot required. But it is mandatory that you bring your old health form documents. Please **disregard** this section.*
- ➔ *If your old health form was stamped as “**EXCEPTION**” from your last visit with Paramed, **NO** injection and/or blood test required and/or doctor/HCP signature required unless given/advised by your doctor/HCP. But it is mandatory that you bring your old health form documents. Please **disregard** this section.*

NAME \_\_\_\_\_

GBCID# \_\_\_\_\_

**(C112) PERSONAL SUPPORT WORKER (RETURNING/REPEATING STUDENT ONLY)  
RENEWAL OF ADDITIONAL REQUIREMENTS**

**4. POLICE VULNERABLE SECTOR CHECK (must be renewed every six months)**

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

**Notice:** All students are required to obtain a police vulnerable sector check every year and must be valid for the entire academic year. Please ATTACH the original police vulnerable sector check result and submit it to ParaMed at your scheduled appointment. If you **do not** have a “clear” police check, your faculty will **exclude** you from the Clinical/Field Practice course which will **impact and jeopardize** your academic standing and can lead to program **withdrawal**. Your program strongly and highly recommend that all students must have a “CLEAR” police check to **avoid** any issues and problems with their placement agency partners and **wasting** your time and money.

Please read carefully the instructions below according to your regional police service:

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

- If you need to apply or renew your Toronto police check, you must book an appointment to see Suzette Martinuzzi at 416-415-5000, ext. 3415, or smartinu@georgebrown.ca. The Clinical Pre-placement office is located at 51 Dockside Drive, 7th Floor, Room 702, Waterfront campus, Toronto, ON M5A 0B6
- It is mandatory that you bring a **money order/bank draft payment of \$20.00 dollars** and payable to **Toronto Police Service** and a government issued photo ID card at your scheduled appointment. (We **do not** accept cash, credit card or personal cheque)
- Toronto Police Service will take **4 to 8 weeks or longer** to receive and process your police check results. It is your responsibility to apply or renew your police check prior to your health form deadline. For more details, visit [Police Vulnerable Sector Check website](#).

**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, Niagara, Peel & York) or other province, please apply directly at your specific regional police service and they can take **2- 4 weeks** to process your application form. Please make sure that your police check is valid for the entire 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, 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](#).

**5. STANDARD FIRST AID (must be renewed every three years) & CPR LEVEL (HCP) CERTIFICATE CARD (must be renewed every year)**  
[Standard First Aid with CPR Level \(HCP\) Certificate Card](#) it is mandatory that you renew your Standard First Aid is valid every three years and CPR level (HCP) certificate every year and must be 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.

**CPR LEVEL HCP Certificate card** (Note: We do not follow the expiry date on your card, it must be renewed one year after the issued date)

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

**Standard First Aid Certificate card**

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

**6. MASK FIT TEST CERTIFICATE CARD (must be renewed every two years)**

Requisite/ParaMed Office will do the mask fit test for you at your scheduled appointment. Please do not eat, drink and chew gum 30 minutes prior to your Requisite/ParaMed appointment. If you are expecting or 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/Stamp Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (two years after the issued date)  
mm / dd / yyyy mm / dd / yyyy

**7. REQUISITE/PARAMED APPOINTMENT (complete before ParaMed appointment, fees will apply)**

- Requisite/ParaMed Office is a “Fragrance Free Zone”, kindly **do not wear** any perfume, lotion or cologne at your appointment. Once you have everything done, you must create an account and book an appointment with [ParaMed](#) online
- Download your Requisite/ParaMed Confirmation Visit Sheet
- Please be prepared for your mask fit testing before you go to your [ParaMed](#) appointment.
- Bring and submit ALL OF YOUR of all your old & new forms, immunization records, police check and SFA/CPR certification, Initial Visit and Mask fit test fee payment and (1) set of originals and (1) set of photocopies, pgs. 2-5

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

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

Program x \_\_\_\_\_

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 \_\_\_\_\_  
(Student 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)

### 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 well being of students and clients in their care.