

**S121-Practical Nursing (Fall/Winter/Spring Term)**

**Semester 3: Returning student**

**Renewal Health Form deadline:** \_\_\_\_\_ (two months prior to the start of new sem/academic year)

**Note: It is your responsibility to complete and submit this to ParaMed on time. If you fail to do so, you will not be able to access your HSPNet account for confirmed placement one month before the new semester starts which can lead to program withdrawal.**

**RENEWAL: MEDICAL CHECKLIST**

- Seasonal Flu Shot (mandatory with the exception to student with egg allergy, every year in Nov/Dec)
- Step 1-Tuberculosis Skin Test (see instructions below and page 2)

**Tuberculosis Skin Test with both Negative (-) or (less than <10 mm) induration results from last year (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 both “**Negative (less than 10 mm)**” last year, please ask your doctor to renew your annual Step 1-TB Skin Test only (fees may apply)
- Please ensure that your doctor/physician complete, sign & stamp your health for.

**Tuberculosis Skin Test with Positive (+) or (more than >10 mm) induration results from last year (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 (valid within 4 years) again.
- Please advise your doctor/physician to document your previous TB skin test Positive (+) date given/result, do annual physical exam and answer the TB Skin Test Questions letters (A-F).
- Please ensure that your doctor/physician complete, sign & stamp your health form

- Final doctor/physician signature & medical office stamp (fees will apply), **page 2**
- Complete any Medical Deficiency from your last visit before you book and pay for your next ParaMed appointment, **page 4**

**RENEWAL: ADDITIONAL REQUIREMENTS**

- [Police Vulnerable Sector Check](#)-(renew every six months) **pg. 4**
- [CPR level HCP Certificate Card](#)-(renew every year) **pg. 4**
- [Standard First Aid Certificate Card](#)-(renew every three years) **pg. 4**
- [Mask Fit Test](#)-(renew every two years) **pg. 4**
- Fill-out all the personal information sections on your forms from top to bottom, **pgs. 2-5**
- Bring all of your old first year and new original health form documents and certificates
- Bring one set of photocopies of all of your new documents for ParaMed to keep
- [ParaMed](#) Office Appointment, **pg. 4**
- [ParaMed](#) and George Brown College Agreement Form, **pg. 5**

**PARAMED OFFICE SERVICE FEES & FINE (rates are subject to change)**

[ParaMed](#) Office is a “**Fragrance Free Zone**”, kindly **do not** wear any perfume, lotion or cologne on your appointment. Students will pay service fees when submitting completed forms at scheduled appointments with ParaMed. Please refer to rates below or visit

**(June 1<sup>st</sup>, 2018 to May 31<sup>st</sup>, 2019)**

- Standard Visit Fee - \$56.15 dollars (submission of health form, RN fee, archives & medical records access online)
- Subsequent Visit Fee (due to a Deficiency List Form) - \$24.60 dollars
- Cancelled or Missed Appointment Fine-\$56.15 dollars (without 24 hour notice)
- Mask Fit Test-\$42.70, Photocopy - \$3.00

**Contact Us**

- Should you have any questions, please contact Suzette Martinuzzi, ext. 3415 or [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca) .
- Business Hours: (Mon-Wed) 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront campus
- (Thurs-Fri) 200 King Street, Room 401B, 4<sup>th</sup> Floor, St. James Campus, 8:00 am to 3:30 pm.

**FULL-TIME PROGRAM: S121 PRACTICAL NURSING SEMESTER 3 (Returning student)  
RENEWAL HEALTH FORM**

Name x \_\_\_\_\_  
 GBC ID# x \_\_\_\_\_  
 Tel x \_\_\_\_\_  
 Email x \_\_\_\_\_  
 Deadline: \_\_\_\_\_  
 (two months before the start of new semester/academic year)

*(ParaMed Official Stamp here)*

**Note:** It is your responsibility to complete and submit this to ParaMed on time. If you fail to do so, you will not be able to access your HSPNet account for confirmed placement one month before the new semester starts which can lead to program withdrawal.

**MEDICAL REQUIREMENTS  
(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 (mandatory with an exception to student with egg allergy, every year in Nov/Dec)**

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. 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)
- Healthcare professional signature \_\_\_\_\_

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

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

**S121 PRACTICAL NURSING-SEMESTER 3 (RETURNING 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 section 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)
- A copy of repeat laboratory blood test report, after 4-6 weeks from your last dose

Varicella (Chicken Pox)

- New dose date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm/dd/yyyy)
- A copy of repeat laboratory blood test report, after 4-6 weeks from your last dose

Hepatitis B

- New dose date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm/dd/yyyy)
- A copy of repeat laboratory blood test report, after 4-6 weeks from your last dose

- ParaMed Completed stamp-** If your old 1<sup>st</sup> and/or 2<sup>nd</sup> and/or 3<sup>rd</sup> 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 1<sup>st</sup> or 2<sup>nd</sup> or 3<sup>rd</sup> 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.



## S121 PRACTICAL NURSING-SEMESTER 3 (RETURNING STUDENT)

### ADDITIONAL REQUIREMENTS

#### 5. STANDARD FIRST AID CERTIFICATE (renew every three years) and CPR LEVEL (HCP) CERTIFICATE (renew every year)

Standard First Aid and/or [CPR Level \(HCP\) Certificate Card](#)-it is mandatory that you renew your SFA every three years and/or 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 **do not register** for any SFA/CPR Online Training course as we **do not** accept this type of certificate. It is mandatory that you have it done with a standard in-class format. Please bring your original certificate card and photocopies at your scheduled appointment with ParaMed.

##### CPR LEVEL (HCP) Certificate card

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

##### Standard First Aid Certificate card

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

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

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

#### 7. PARAMED OFFICE APPOINTMENT & SERVICE FEES

- Once you have everything done, your final step is to book an appointment with [ParaMed](#) online at [www.georgebrownhealth.ca](http://www.georgebrownhealth.ca) before the given deadline.
- ParaMed Office is a “**Fragrance Free Zone**”, kindly **do not wear** any perfume, lotion or cologne at your appointment. Download your Confirmation Visit Sheet and read their policy.
- Please be prepared for your mask fit testing before you go to your [ParaMed](#) appointment. (if applicable)
- Bring, keep & submit ALL OF YOUR of all new forms such as lab test reports, immunization records, police check and SFA/CPR certification: (1) set of originals and (1) set of photocopies (**pgs. 2-5**). Bring your initial visit & mask fit test fee payment and your **old health form** documents (**page 1**). After your ParaMed appointment, please keep all of your original forms and documents with you for future reference. GBC does not keep or maintain any hard copies of your health form records.

## George Brown College & ParaMed Agreement Form

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

Program: S121 Practical Nursing-Semester 3

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.