

Full-Time Program: (S122) RPN Bridge to BScN (Fall 2019)**First Year: Semester 1 & 2****Requisite health form deadline: November 9, 2019****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 health form requirements are responsibility of the student.

MEDICAL REQUIREMENTS (Mandatory except Flu Shot)

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**

- Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix vaccine must be valid every 10 years) & attach yellow card/immunization record **pg. 2**
- Seasonal Flu Shot (recommended every year in November or December) **pg. 2**
- Measles, Mumps & Rubella (MMR) (ask your doctor to do blood test, ATTACH copies of blood test reports and all immunization records) **pg. 2**
- Varicella (Chicken Pox) (ask your doctor to do blood test, ATTACH copies of blood test reports and all immunization records) **pg. 2**
- Hepatitis B (ask your doctor to do blood test, ATTACH copies of blood test reports and all immunization records) **pg. 3**
- Two Consecutive Step Tuberculosis Skin Test (proof of previous or current Two Step-TB Skin Test dates given, dates read and result, **pg. 3**)
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp, **pages 2 & 3**

ADDITIONAL REQUIREMENTS (Mandatory)

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 year) **pg. 4**
- [BLS/ CPR Level \(HCP\) Certificate Card](#)-(No Standard First Aid course required) (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 top sections with your name, ID#, program, issued/expiry dates and Agreement Form, **pgs. 2-5**

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

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 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 ParaMed Office with an **INCOMPLETE** forms, otherwise they will **charged** you a **Subsequent Visit Fee**. ParaMed is a "**Fragrance Free Zone**", kindly **do not wear** any perfume, lotion or cologne at your appointment.

(New Service Fees as of June 1st, 2018 to May 31st, 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

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

FULL-TIME PROGRAM: (S122) RPN BRIDGE TO BSCN PROGRAM
REQUISITE HEALTH FORM (FALL 2019)

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

(ParaMed Official Stamp here)

Deadline: November 9, 2019

MEDICAL REQUIREMENTS (Mandatory except the Flu shot)
(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.

Note: If you do not have your old immunization record, you must contact your doctor's office or your regional Public Health and ask them to send you a copy.

- 1. TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel/Boostrix vaccine must be valid every 10 years) attach a yellow card or any immunization record.

Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix) booster ___/___/___(mm/dd/yyyy)

- 2. 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.

Seasonal Flu Shot Given Date ___/___/___(mm / dd / yyyy) Health care professional signature _____

- 3. MEASLES, MUMPS & RUBELLA (MMR) (doctor check the appropriate box, attach a copy of lab blood test reports valid within 5 years and document all doses as outlined below)

Immunity/Reactive blood test result (Note: NO injections required; it is mandatory that you ATTACH a copy of most recent MMR laboratory blood test reports valid within 5 years)

Non-Reactive/Non-Immunity/Indeterminate lab test result (Note: it is mandatory that you ATTACH a copy of most recent laboratory blood test report and get the following doses; maximum of three MMR doses in a lifetime)

1st dose date ___/___/___ (repeat blood test after 4 to 6 weeks; if result is Non-reactive/Indeterminate, get a 2nd dose) mm/ dd / yyyy

2nd dose date ___/___/___ (repeat blood test after 4 to 6 weeks; if result is Non-reactive/Indeterminate, get a 3rd dose)

3rd dose date ___/___/___ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Indeterminate, student status will be considered "Non-responder/Exception")

- 4. VARICELLA (CHICKEN POX) (doctor check the appropriate box, attach a copy of lab blood test reports valid within 5 years and document all doses as outlined below)

Immunity/Reactive lab test result (Note: NO injections required; it is mandatory that you ATTACH a copy of most recent laboratory blood test reports valid within 5 years)

Non-Reactive/Non-Immunity/ Indeterminate lab test result (Note: it is mandatory that you ATTACH a copy of most recent laboratory blood test report and get the following doses; maximum of two Varivax doses in a lifetime)

1st dose date ___/___/___ (four weeks after 1st dose, get a 2nd dose) (mm/ dd / yyyy)

2nd dose date ___/___/___ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Indeterminate, student status will be considered Non-responder/Exception)

Final Signature of doctor/physician/health care professional _____ (pgs. 2 & 3)

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

George Brown College & ParaMed Agreement Form (Complete prior to your ParaMed appointment)

Name _____

Program (S122) RPN BRIDGE TO BSCN

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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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.