

**Full-Time Program: (S402) RN Critical Care Nursing
In-class Sponsored/Independent student only (Fall 2019)
Requisite health form deadline: October 5, 2019**

STUDENT CHECKLIST & ACTIONS REQUIRED

If you are studying **IN-CLASS** and being **sponsored** by your hospital or paying for the program **independently** and will be doing **clinical at another hospital**, it is your **main responsibility** to start & meet all the medical & additional health form requirements outlined below. This process will take **10 to 12 weeks** to complete and must be submitted to ParaMed Office by the given deadline. If you **fail** to do so, you will be **excluded** from clinical practice 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 except the 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. All costs, service fees and fine associated with the overall health form requirements are responsibility of the student. **Please read all detail instructions on pgs. 2 & 3**

- Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix vaccine valid every 10 years) & attach yellow card/immunization record **pg. 2**
- Seasonal Flu Shot (recommended every November or December) **pg. 2**
- Measles, Mumps, Rubella (MMR) (ask your doctor for blood work, ATTACH copy of your laboratory test reports & immunization record) **pg. 2**
- Varicella (Chicken Pox) (ask your doctor for blood work, ATTACH copy of your laboratory test report & immunization record) **pg. 2**
- Hepatitis B (ask your doctor for blood work, ATTACH copy of laboratory test report & immunization record) **pg. 3**
- Two Consecutive Step-Tuberculosis Skin Test (ask your doctor to document all TB Skin test dates given, dates read & induration) **pg. 3**
- Final Signature of doctor/physician and Medical Office stamp, **pg. 2 & 3**
- Yellow immunization card or any type of immunization records

ADDITIONAL REQUIREMENTS (Mandatory)

Please apply for your 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**

- [CPR Level \(C\) Certificate Card](#) (No Standard First Aid required, renew every two years) **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 effective on 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: 8:00 am to 3:30 pm, by appointment only or visit [FT Program Pre-placement](#)

**FULL-TIME PROGRAM: (S402) RN CRITICAL CARE NURSING
FOR IN-CLASS SPONSORED/INDEPENDENT STUDENT ONLY (FALL 2019)
REQUISITE HEALTH FORM**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

(ParaMed Official Stamp here)

Deadline: October 5, 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. 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.

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 valid every 10 years) and attach a yellow card or any proof of immunization record.**

Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel) Booster ____/____/____ (mm/dd/yyyy)

2. **SEASONAL FLU SHOT (recommended every 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) (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)*

NAME x _____

GBC ID# x _____

**(S402) Critical Care Nursing for in-class Sponsored/Independent student
Additional Requirements (Mandatory)****7. CPR LEVEL (C) CERTIFICATE CARD (renew every two years)**

It is mandatory that you register for [CPR level \(C\) certificate](#) (No Standard First Aid course required) 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. No online CPR Training Certificate is accepted. 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 C Certificate Issued Date ____/____/____
mm / dd / yyyyExpiry Date ____/____/____ (two years after the issued date)
mm / dd / yyyy**8. 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.

Mask Fit Test Certificate Issued Date ____/____/____
mm / dd / yyyyExpiry Date ____/____/____ (two years after the issued date)
mm / dd / yyyy**9. 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](#) online at www.georgebrownhealth.ca
- ParaMed 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 and CPR level C certification: (1) set of originals and (1) set of photocopies at your scheduled 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.
- GBC does not keep or maintain any hard copies of your health form records.

George Brown College & ParaMed Agreement Form
(Complete prior to ParaMed visit)Name _____**Program** (S402) RN CRITICAL CARE NURSINGI _____ (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.

(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.

(Signature) **(Date)****Contact Us**

Suzette Martinuzzi, 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: 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.