

Full-Time Program: (S414) RN Operating Room Perioperative Nursing Program
New Non-Sponsored/Independent student only (Winter Term 2020)
Requisite Health Form Deadline: January 17, 2020

NEW STUDENT CHECKLIST & ACTION REQUIRED

NOTE: If you are **Non-Sponsored/Independent** student and will be doing **clinical at a different 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 (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 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 police check and certificates as outlined below. 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**
- [CPR Level \(HCP\) Certificate Card](#) (*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 as of June 1st, 2019 to May 31st, 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

- 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](#)
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**FULL-TIME PROGRAM: (S414) RN OPERATING ROOM PERIOPERATIVE NURSING
FOR NON-SPONSORED/INDEPENDENT STUDENT ONLY (WINTER TERM 2020)
REQUISITE HEALTH FORM**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

(ParaMed Official Stamp here)

Deadline: January 17, 2020

**MEDICAL REQUIREMENTS (Mandatory except the Flu Shot)
(TO COMPLETE, SIGN & STAMP BY THE 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/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) (Two doses vaccine OR Laboratory evidence of immunity)

Documentation of receipt of two doses of MMR vaccine on or after the 1st 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.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd 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 1st 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.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd 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)*

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

Name x_____

Program: (S414) Operating Room Perioperative Nursing

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 and police check information submitted or withheld. I understand that it is my responsibility to inform the appropriate George Brown College personnel of any communicable disease, changes on my police record, 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)

Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca
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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.