

**(S118) BScN Collaborative (Fall/Winter Term)  
Repeating Semester 2, 3 & 4 students only  
Renewal Health Form deadline: one month prior to the start of new semester**

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**Notice:** If you are returning student in this program, it is your **responsibility** to complete & submit all the medical & additional health form requirements outlined below by the given deadline. If you fail to do so, you will be excluded from clinical placement which can 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.

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**RENEWAL-MEDICAL CHECKLIST**

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- Seasonal Flu Shot (**mandatory every Nov/Dec**)
- Step 1-Tuberculosis Skin Test, **pg. 2**
  - Tuberculosis Skin Test with Negative (-) or (< 10 mm) results from last year (only if applicable)**
    - Book an appointment with your doctor/Walk-In Clinic and bring your new PRR 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 One Step-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 last year (only if applicable)**
    - Book an appointment with your doctor/Walk-In Clinic and bring your new PRR form at your scheduled appointment.
    - If your previous TB skin test result was “**Positive (+) or (> 10 mm)**” 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 do a physical examination to 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 & Medical Office Stamp (*fees may apply*), **pg. 2**
- Complete any Medical Deficiency from your last visit with ParaMed (*if any*), **pg. 3**
- Bring your old first year PRR documents with you at your upcoming Paramed appointment

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**ADDITIONAL REQUIREMENTS**

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Please apply for your police check and certificate 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 six months, see application deadline dates per semester) **pg. 4**
- [Mask Fit Test Certificate Card](#) (renew every two years) **pg. 4**
- [ParaMed Office](#) Appointment & Service Fees, **see below & pg. 4**
- ParaMed and George Brown College Agreement Form, **pg. 5**

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**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 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 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.

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

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**CONTACT US**

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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)
- **(Mon-Wed)** 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront Campus **(Thurs-Fri)** 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/visit [FT Program Pre-placement](#)

**FULL-TIME PROGRAM: (S118) BScN COLLABORATIVE NURSING  
REPEATING SEMESTER 2, 3 & 4 STUDENTS ONLY  
RENEWAL HEALTH FORM (FALL/WINTER TERM)**

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

GBC ID# x \_\_\_\_\_

Tel x \_\_\_\_\_

(ParaMed Official Stamp here)

Email x \_\_\_\_\_

Deadline: **One month prior to the start of new semester**

Term: \_\_\_\_\_

**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 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. 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 \_\_\_\_\_

**2. STEP 1-TUBERCULOSIS SKIN TEST (renew every year and follow instructions below)**

- **Negative (-) with less than (< 10 mm):** If your previous Two Consecutive Step-TB Skin Test result was both "Negative with less than (< 10 mm)" induration last year, please ask your doctor to renew your Step 1-TB Skin Test only and document it below.
- **Positive (+) with more than (> 10 mm):** If your previous TB Skin Test result was "Positive with over (> 10 mm)" induration last year, you are **NO longer** required to do any TB Skin Test or Chest X-ray again. Please advise your doctor to do annual physical examination and answer letters (A-F) below. No Exceptions!

**STEP 1-TB SKIN TEST**

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

**TB SKIN TEST POSITIVE MUST BE (MORE THAN >10 MM) INDURATION  
DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER 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 \_\_\_\_\_

**REPEATING SEMESTER 2, 3 & 4 STUDENTS ONLY  
(S118) BScN COLLABORATIVE  
MEDICAL DEFICIENCY**

**1. 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 sections 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)
- Copy of repeat laboratory blood test report, 4 to 6 weeks from your last dose

Varicella (Chicken Pox)

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

Hepatitis B

- New dose date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm/dd/yyyy)
- A copy of repeat laboratory blood test report, 4 to 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 PRR 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> and/or 2<sup>nd</sup> and/or 3<sup>rd</sup> year PRR 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.





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

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

**Program:** S118 BScN-Repeating Semester 2, 3 & 4 students only

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.