

**Full-Time Program: (S121) Practical Nursing
First Year: New Semester 1 (Winter Term 2020)
Requisite Health Form deadline: March 6, 2020**

NEW STUDENT CHECKLIST & ACTION 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)

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 valid every 10 years) & attach yellow card/immunization record, **pg. 2**
- Seasonal Flu Shot (mandatory 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 test and **ATTACH** copy of laboratory test report & immunization record) **pg. 3**
- Two Consecutive Step-Tuberculosis Skin Test (ask your doctor to document all TB dates given, dates read & induration results) **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 below and bring all originals and one set of photocopies of your documents at your scheduled appointment with ParaMed Office. All costs, service fee and fine associated with the overall health form requirements are responsibility of the student. **Please read all detail instructions on pgs. 4-5**

- [Police Vulnerable Sector Check](#) (renew every year) **pg. 4**
- [Standard First Aid Certificate Card](#) (renew every three years, **No** Emergency First Aid level is accepted) **pg. 4**
- [CPR Level \(HCP\)/BLS Certificate Card](#) (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 and complete all of the top and bottom sections with your name, ID#, program, issued/expiry dates and Agreement Form, **pgs. 2-5**

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

**FULL TIME PROGRAM: (S121) PRACTICAL NURSING-NEW SEMESTER 1
REQUISITE HEALTH FORM (WINTER TERM 2020)**

Name x _____
 GBC ID# x _____
 Tel x _____
 Email x _____

(ParaMed Official Stamp here)

Deadline: March 6, 2020

MEDICAL REQUIREMENTS (Mandatory)

(TO COMPLETE, SIGN AND STAMP BY YOUR 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.

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 valid every 10 years) & attach a yellow card/proof of immunization

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

2. SEASONAL FLU SHOT (Mandatory 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. 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)

NAME x _____ GBC ID# x _____

S121 PN NEW SEM 1- MEDICAL REQUIREMENTS

5. HEPATITIS B (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/Positive lab test result (**Note:** NO injections required; it is mandatory that you **ATTACH** a copy of most recent "Antibody" laboratory blood test reports valid within 5 years)
- Non-Immunity/Non-Reactive/Negative/Low (>0 or <10) "**Antibody IgG**" laboratory blood test report, you must get new doses as outlined below. Maximum of six Hep B doses in a lifetime.
 - 1st dose date ____/____/____ (four weeks after the 1st dose, get a 2nd dose)
(mm/ dd / yyyy)
 - 2nd dose date ____/____/____ (repeat blood test after four to six weeks, if result is Non-reactive/Negative, get a 3rd dose)
 - 3rd dose date ____/____/____ (due in six months after 1st dose, repeat blood test after four to six weeks, if result is Non-Reactive/Negative, get a 4th dose)
 - 4th dose date ____/____/____ (after four weeks, get a 5th dose)
 - 5th dose date ____/____/____ (repeat blood test after four to six weeks, if result is Non-reactive/Negative, get the final 6th dose)
 - 6th dose date ____/____/____ (repeat blood test after four to six weeks, if final result is still Non-immunity/Negative, student status will be considered Non-Responder/Exception)
- Carrier (**Note:** No injections required and **ATTACH** copy of most recent "Antigen Positive" blood test and notify the medical officer)

6. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (read and follow instructions below)

- ✓ First Time: If you never had Two Consecutive Step-TB Skin Test done in a lifetime, it is mandatory that you complete and pay for Two Step-TB Skin Test.
- ✓ No Chest X-ray only: all students must provide proof of Two Consecutive Step-TB Skin Test and we will **NOT** accept a Chest X-ray report only.
- ✓ Failure to do Step 2 TB within 7-21 days: you will need to redo both TB Skin Test again and extra fees will apply.
- ✓ Negative with less than (<10 mm): If you have proof of previous Two Consecutive Step-TB Skin Test and the result was both "Negative", renew Step 1 TB Test.
- ✓ Positive with more than (> 10 mm): If you have proof of previous Two Consecutive Step-TB Skin Test and the result was "Positive", **NO more** annual skin test or Chest X-ray required and your doctor needs to do annual TB physical exam and answer letters (A-F) below.
- ✓ BCG vaccination: If you had BCG vaccination it is **NOT** a contraindication for skin test, you are still required to provide proof og Two Step-TB Skin Test.
- ✓ It is mandatory that your doctor/health care professional properly complete, sign & stamp all the information outlined below. No exceptions!

PREVIOUS: STEP 1 TB SKIN TEST

_____/_____/_____/_____/_____/_____ (Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

PREVIOUS: STEP 2 TB SKIN TEST (7-21 days after Step-1)

_____/_____/_____/_____/_____/_____ (Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

CURRENT: STEP 1 TB SKIN TEST

_____/_____/_____/_____/_____/_____ (Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

CURRENT: STEP 2 TB SKIN TEST (7-21 days after Step 1)

_____/_____/_____/_____/_____/_____ (Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

**TB SKIN TEST POSITIVE (+) WITH MORE THAN >10 MM INDURATION SIZE
DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW:**

- a) Chest X-ray (if TB Positive only, ATTACH a copy of the X-ray report valid within 4 years) Result _____ Date _____ (mm/dd/yyyy)
- b) History of disease? Yes or No Date (mm/dd/yyyy) _____
- c) Prior history of BCG vaccination (need documentation? 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: _____ (both pgs. 2 & 3)

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

NAME x _____ GBC ID# x _____

S121 PN NEW SEMESTER 1-REQUISITE HEALTH FORM
ADDITIONAL REQUIREMENTS (mandatory)

7. POLICE VULNERABLE SECTOR CHECK (renew every year)

Issued Date mm/dd/yyyy Expiry Date mm/dd/yyyy (renew every year)

- Your academic department strongly and highly recommend that all students must have "clear" police check record valid every year to avoid any issues and problems with this program.

Please read carefully the instructions in how to apply for your police check according to your regional police service;

For students who currently reside in Toronto region (with a postal code that starts with letter "M")

- To apply or renew your Toronto Police check, you must book an appointment to see Suzette Martinuzzi at 416-415-5000, ext. 3415 or smartinu@georgebrown.ca. Our office is located at 51 Dockside Drive, 7th Floor, Room 702, Waterfront campus

For students who currently reside in another region such as (Durham, Halton, Hamilton, London, Peel & York) or other province

- If you live in another region such as (Durham, Halton, Hamilton, London, Peel & York) or other province, please apply directly at your specific regional police service and it will take two to four weeks to process your application form.

8. STANDARD FIRST AID CERTIFICATE (renew every three years) & BLS/CPR LEVEL (HCP) CERTIFICATE (renew every year)

- It is mandatory that you register for Standard First Aid (every three years) with CPR level (HCP) certificate (every year) and valid for the entire academic year.

Standard First Aid Certificate Card

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

BLS/CPR Level HCP Certificate Card

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

9. 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 Office appointment.

Issued Date mm/dd/yyyy Expiry Date mm/dd/yyyy (two years after the issued date)

10. 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

George Brown College & ParaMed Agreement Form
(Please complete & sign prior to your ParaMed appointment)

Name _____

Program: S121 Practical Nursing-New Semester 1

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

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.