

DENT 9017 (Dental Hygiene Refresher) (September 2011 Intake)
HEALTH FORM CHECKLIST

(See health form pages 3-6 attached)

DEADLINE: Ask your Coordinator

ParaMed Fees: As of September 1st, 2011, you will **PAY** both the **visit and/or mask fit test fees** for every scheduled appointment at Paramed

Medical Requirements (mandatory)-Please bring a yellow immunization card and/or any immunization record and/or laboratory blood test report at your scheduled appointment with Paramed

- 1. Measles, Mumps, Rubella (MMR)
- 2. Varicella (Chicken Pox)
- 3. Tetanus, Diphtheria, Pertussis (Tdap)
- 4. Seasonal Flu Shot (*recommended every Nov/Dec*)
- 5. Hepatitis B
- 6. 2-Step Tuberculosis Skin Test
- 7. Health Care Provider/Doctor Signature & Stamp

Additional Requirements (mandatory)-Please bring all valid certification at your scheduled appointment with ParaMed

- 8. CPR Level-C Certificate (*must be valid annually*)
- 9. Mask Fit Test Certificate (*must be valid every 2 years*)

PARAMED SERVICE FEES (rates change annually)

As of Sept 1st, 2011, all new Continuing Education students will now start paying for both the visit and the mask fit test fees when you submit your completed health form documents at your scheduled appointment with ParaMed:

- Visit Pricing - \$49.40 (rates change annually)
- Return Visit due to a Deficiency List Form- \$21.80 (rates change annually)
- Mask Fit Test - \$37.55 (rates change annually)
- Photocopies - \$3.00

PARAMED FINES

Students will be charged a **\$49.40 dollar fine (fee rates change annually)** for the following penalty/extra services at ParaMed:

- Any missed appointments (**without 24 hours notice**)
- Student shows up for their scheduled appointment with **"No Pre-placement Health Form"** or the form "is not completed, signed and stamped by the doctor or physician.
- Student shows up for their next follow-up scheduled appointment, "without any new documentation or information" to submit from their **"Deficiency List"** provided by the ParaMed, Occupational Health/Registered Nurse

Should you incur any of the above fine; you **will now pay this fine directly to Paramed** before you can be allowed to meet the Registered Nurse at your scheduled appointment.

To avoid this charge, before you go to your scheduled appointment, check first; have you completed all the medical and non-medical requirements on the health form.

**DENT 9017-Dental Hygiene Refresher
IMPORTANT STEPS TO FOLLOW**

You MUST complete these STEPS in this order and start the process immediately, since it will take you 10 to 12 weeks to complete. Failure to complete and submit this health form by the due date, will exclude you to be eligible for placement.

- Step 1-** Upon acceptance & confirmation of registration into the program and fee payment, go to the CE-Clinical Pre-placement Health main page at <http://coned.georgebrown.ca/info/healthform.html>

- Step 2-** Download and read carefully the DENT 9017-Clinical Pre-Placement Health Form requirements and due date. Please start it soon, as it will take **6 to 8 weeks** to complete all of the health form requirements.

- Step 3-**For immunization and/or laboratory blood test results, make an appointment with your Doctor/Health Care Provider. If you do not have a family doctor, please visit any Walk-in Clinics available. It is your responsibility to ensure that the Clinical Pre-placement Health Form is properly completed and signed by your Doctor/Healthcare Provider, **BEFORE** you complete **Step#6**.
- If for medical reasons you are unable to receive the required immunizations, your healthcare provider must include a detailed explanation for this exclusion. The cost of completing the requirements is paid by the student.

- Step 4-** Ensure that your **CPR Level-C** certification is renewed annually **for Step#6**. You may take the above course to any available [Workplace Safety and Insurance Board \(WSIB\) approved first aid trainers](#).

- Step 5- Mask Fit Test will be done at ParaMed** the day you see the Occupational Health/Registered Nurse. Please do not eat, drink or chew gum at least 20 minutes before your test and you must be clean shaven.

- Step 6-** Once you completed Steps#1-4, you must [create an account and book an appointment with ParaMed](#), the College's Occupational Health/Registered Health Nurse provider on their website using their online service at www.georgebrownhealth.ca (**No walk-in visits allowed**). ParaMed is located at [480 University Avenue](#) on the 7th floor, Suite 704 (corner of University and Dundas - St. Patrick subway station).
- You will pay the visit fee at your scheduled appointment at ParaMed.
- You may cancel your own appointment online (**with 24 hours notice**), at ParaMed website www.georgebrownhealth.ca. Failure to do so will result in a **fine**.

- Step 7-** Download the ParaMed **e-mail confirmation instruction sheet** to confirm their location and your appointment date, time and requirements. If you have problems booking on-line or have forgotten your password, contact Suzette Martinuzzi.

- Step 8-** Make a photocopy of ALL your forms/documentation, otherwise ParaMed will charge you a **\$3.00 dollars photocopy fee**. Bring all of the original and copies of your health form documents to your appointment with the Occupational Health/Registered Nurse. Once the form has been reviewed by the Occupational Health/Registered Nurse both the original & copy will be stamped CLEARED. The student will keep the original and the copy is kept by the Occupational Health Nurse.

Continuing Education Program	
Clinical Pre-placement Health Form (2011-2012)	
Course:	DENT 9017 (Dental Hygiene Refresher)
Due Date: (Ask your Coordinator)	
ParaMed Fees:	As of Sept 1 st , 2011, you will PAY both the visit and/or mask fit test fees for every scheduled appointment at Paramed
Last Name:	
First Name:	
Student ID#:	Tel#
Email:	

For ParaMed Use Only

MEDICAL REQUIREMENTS – MANDATORY

ATTN: (Physician/Doctor/Public Health Nurse/Occupational Health Nurse/Nurse Practitioner)

Thank you for your cooperation with the immunization process for our student registered in this program. For the protection of our students, patients and external clients, students **must provide documentation of immunization or laboratory blood test report**. Immunization requirements listed before each sections follow the standards outlined in the Canadian Immunization Guide, 6th Edition, the Canadian Tuberculosis Standards and the OHA/OMA Ontario Hospitals surveillance protocols. The required information with exact dates (yy/mm/dd) must be recorded directly on the Clinical Pre-placement health form and an attesting signature is required at the end of the form.

COMMUNICABLE DISEASES

1. Measles, Mumps Rubella (MMR)-(Mandatory)

One of the following is acceptable as proof of immunity:

- Documentation of 2 doses of MMR vaccine on or after 1st birthday,

1st Dose Date: _____ **2nd Dose Date:** _____

Important Note: Student **must** receive and submit **1st & 2nd doses** before the deadline, in order to be stamped cleared and eligible for placement

Healthcare Professional Signature: _____

- or** Laboratory evidence of immunity for MMR (attach blood test reports)

Important Note: If the laboratory blood tests result is **non-immunity/indeterminate/non-reactive**, student must get the 1st dose. Four to six weeks after the 1st dose, a lab blood test must be done. If the lab blood test result of Dose#1 is either negative or positive, a 2nd Dose is required.

Healthcare Professional Signature: _____

2. Varicella (Chicken Pox)-(Mandatory)

One of the following is acceptable as proof of immunity:

- A known history of chicken pox or shingles-**HCP signature:** _____
if no known history or history unclear, one of the following must be provided:

- Documentation of 2 chicken pox vaccines, given at least 4 weeks apart
1st Dose Date: _____ **2nd Dose Date:** _____

Important Note: Student **must** receive and submit **1st & 2nd doses** before the deadline, in order to be stamped cleared and eligible for placement

Healthcare Professional Signature: _____

- or** Laboratory evidence of immunity for Varicella (attach blood test reports)

Important Note: If the laboratory blood tests result is **non-immunity/indeterminate/non-reactive**, student must get the 1st dose. Four to six weeks after the 1st dose, a lab blood test must be done. If the lab blood test result of Dose#1 is either negative or positive, a 2nd Dose is required.

Healthcare Professional Signature: _____

Name:	ID#:
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IMMUNIZATION RECORD/YELLOW CARD REQUIRED	DATE GIVEN
<u>PERTUSSIS (once as an adult/adolescent)</u> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Important Note: If the student has not received Pertussis as an adult or adolescent, they require an ADACEL vaccination </div>	
<u>TETANUS & DIPHTHERIA</u> (valid every 10 years)	
<u>SEASONAL FLU SHOT</u> (recommended every Oct/Nov/Dec)	
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Important Note: Don't worry about the flu shot record during the spring/summer season. You can submit proof of record in Nov/Dec. </div>	

HEPATITIS B (Mandatory)
<input type="checkbox"/> Documentation of Hepatitis B vaccination Series: 1 st Dose Date: _____ 2 nd Dose Date: _____ (one month after Dose#1) 3 rd Dose Date: _____ (6 months after Dose#1)
Important Note: Student must submit at least 1st & 2nd doses before the deadline, in order to be stamped cleared and eligible for placement
Healthcare Professional Signature: _____
<input type="checkbox"/> or Laboratory evidence of immunity (attach blood test reports) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Important Note: If the student laboratory blood test result is Low (1-10) or negative, student must received and submit at least 4th & 5th Doses in order to be stamped cleared and eligible for placement. </div>
<input type="checkbox"/> 4 th Dose Date Given: _____ (4-6 weeks after Dose#4, a lab test report is required) <input type="checkbox"/> 5 th Dose Date Given: _____ (If the lab test result from Dose#4, is either negative/positive Dose#5 is required)
Healthcare Professional Signature: _____

2-STEP TUBERCULOSIS SKIN TEST (Mandatory)					
2-Step TB Skin Test (Mandatory)	Previous Record Date Given (if any)	Previous Date Result: Induration in MM	Current Date Given	Current Date Read (48-72 hrs after date given)	Current Result: Induration in MM
<i>Step 1 Skin Test-(Annual)</i>					
<i>Step 2 Skin Test-(7-21 days after step 1)</i>					
If the TB skin test result is POSITIVE (10 mm or more induration), please evaluate as follows:					
1. Chest X-ray (ATTACH COPY OF X-RAY RESULTS)		Result:		Date:	
2. History of disease?		Yes or No		Date:	
3. Prior history of BCG vaccination?		Yes or No		Date:	
4. Does this student have signs and symptoms of active TB on physical examination?		Yes or No			
5. INH Prophylaxis?		Yes or No		Date:	Dosage: Duration:
6. Specialist Referred?		Yes or No			

Signature of Healthcare Professional: If you have documented on these forms, please sign and stamp below:

(Healthcare Professional) (Date) (Stamp)

Additional Requirements (Mandatory)

As of Sept 1st, 2011, you will **PAY** both the **visit and/or mask fit test fees** for every scheduled appointment at Paramed

Student Name:	
Student ID#:	

Additional Requirements	Issued Date (Student Complete)	Expiry Date (Student Complete)	Document Provided Y/N
<u>CPR Level-C</u> Certificate Card (see Step#5) (must be valid annually)			
Mask Fit Test (see Step#6) (every 2 years)			

I _____ understand that any false
(Print Name)
 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, or medical condition which may place me at risk or pose a risk to others at George Brown College or on placement. I authorize ParaMed to review the above information.

(Student Signature) **(Date)**

George Brown College Agreement

Student Name: _____

Program Name: _____

Declaration

I, _____ (print name) hereby declare that my signature below indicates that I have reviewed and understand the policies, procedures and I agree to abide by and be held accountable for:

- The policies and procedures of George Brown College, including the Student Code of Conduct during my tenure at the college including the time I spend at my field/clinical placement.
- As of September 1st, 2011, you will **PAY** both the **visit and/or mask fit test fees** for every scheduled appointment at Paramed
- Paying any additional service charge or fine at GBC effective May 1st, 2009



(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)

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 well being of students and clients in their care.