

Continuing Education Program Dental Assistant Level II Upgrade Certificate (DENT 9279) Intraoral 2: Procedures, Practice & Clinics

Requisite Health Form deadline: _____ (one month prior to the first day of class per semester)

REQUISITE HEALTH FORM CHECKLIST

Notice: Upon your **acceptance** in this course, it is your **main responsibility** to start and meet all the medical & additional requirements outlined below. This process will take **10 to 12 weeks** to complete and it must be submitted to ParaMed Office by the given deadline. If you **fail** to do so, you will be **excluded** from dental 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

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. **Please read all detail instructions on pgs. 2 & 3**

- Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix vaccine must be 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 to do blood work and ATTACH copies of your laboratory blood test reports) **pg. 2**
- Varicella (Chicken Pox) (ask your doctor to do blood work and ATTACH copy of your laboratory blood test report) **pg. 2**
- Hepatitis B (ask your doctor for blood work and ATTACH a copy of laboratory blood test report) **pg. 3**
- Two Consecutive Step-Tuberculosis Skin Test (ATTACH proof of previous or current Two Step-TB Skin Test dates & 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

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](#) (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**
- ParaMed and George Brown College Agreement Form, **pg. 5**

PARAMED OFFICE APPOINTMENT & SERVICE FEES (rates are subject to change)

Notice: Once you have everything done and registered to this course, your **final step** is to **create an account and book an appointment** with ParaMed Office online at www.georgebrownhealth.ca by the given 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 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-\$44.90, Photocopy - \$3.00

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 <https://coned.georgebrown.ca/continuing-education-clinical-pre-placement-health-form-requirements/>

Continuing Education Program
Dental Assistant Level II Upgrade Certificate
(DENT 9279) Intraoral 2: Procedures, Practice & Clinics
Requisite Health Form

NAME x _____
GBC ID# x _____
TEL x _____
EMAIL x _____
DEADLINE DATE x _____

(ParaMed Official Stamp here)

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.

Note: If you do not have any proof of immunization records, you must contact your doctor or your regional Public Health to obtain a copy of your old/new immunization record.

- 1. TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel/Boostrix vaccine must be valid every 10 years) attach a yellow card or any immunization record

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

- 2. SEASONAL FLU SHOT (recommended 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 Office 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) Healthcare provider signature _____

- 3. MEASLES, MUMPS & RUBELLA (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; ATTACH copy of most recent MMR laboratory blood test reports valid within 5 years)

Non-Reactive/Non-Immunity/Indeterminate lab test result (Note: ATTACH copy of most recent laboratory blood test report, get and document the following doses as outlined below; maximum of three MMR doses in a lifetime)

1st Dose Date ____/____/____ (mm / dd / yyyy) (four to six weeks after 1st dose, repeat a second blood test; if result is "Non-Reactive/Indeterminate", get the 2nd dose as outlined below)

2nd Dose Date ____/____/____ (mm / dd / yyyy) (four to six weeks after 2nd dose, repeat a third blood test; if result is "Non-Reactive/Indeterminate", get the 3rd dose as outlined below)

3rd Dose Date ____/____/____ (mm / dd / yyyy) (four to six weeks after 3rd dose, repeat a fourth blood test; if result is "Non-Reactive/Indeterminate", student status will be "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; ATTACH copy of most recent laboratory blood test reports valid within 5 years)

Non-Reactive/Non-Immunity/ Indeterminate lab test result (Note: ATTACH copy of most recent laboratory blood test report, get and document the following doses as outlined below; maximum of two Varivax doses in a lifetime)

1st Dose Date ____/____/____ (mm / dd / yyyy) (four weeks after 1st dose, get the 2nd dose as outlined below)

2nd Dose Date ____/____/____ (mm / dd / yyyy) (six to eight weeks after 2nd dose, repeat a second blood test; if the result is "Non-Reactive/Indeterminate", student status will be "Non-responder/Exception")

Final Signature of doctor/physician/health care professional: _____ (pages 2 & 3)

Date (mm/dd/yyyy): _____ (pages 2 & 3)

Medical Office Stamp: _____ (pages 2 & 3)

NAME _____ **GBC ID#** _____

(DENT 9279) 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; ATTACH copy of most recent "Antibody" laboratory blood test reports valid within 5 years)
- Non-Immunity/Non-Reactive/Negative/Low (>0 or <10) lab test result (**Note:** ATTACH copy of most recent "Antibody" laboratory blood test report and get the following doses. Maximum of six Hep B doses in a lifetime)

1st Dose Date ____/____/____ (mm/ dd / yyyy) (four weeks after 1st dose and get the 2nd dose)

2nd Dose Date ____/____/____ (mm/ dd / yyyy) (four to six weeks after 2nd dose, repeat a second blood test; if the result is "Non-Reactive/Negative" and get the 3rd dose)

3rd Dose Date ____/____/____ (mm/ dd / yyyy) (due six months after 1st dose. Then, four weeks following 3rd dose, repeat a third blood test; if result is "Non-Reactive/Negative" and get 4th & 5th doses)

4th Dose Date ____/____/____ (mm/ dd / yyyy) (four to six weeks after 4th dose and get a 5th dose)

5th Dose Date ____/____/____ (mm/ dd / yyyy) (four to six weeks after 5th dose, repeat a fourth blood test; if the result is "Non-Reactive/Negative" and get a 6th dose)

6th Dose Date ____/____/____ (mm/ dd / yyyy) (four to six weeks after 6th dose, repeat a fifth blood test; if the final lab test result is "Non-immunity/Negative", student status will be "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 (see instructions below)

- First Timer-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 after Step 1, 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", do annual Step 1-TB Skin.
- 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 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 and complete a 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
DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW:**

- a) Chest X-ray (ATTACH a copy of the X-ray report valid every four 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: _____ (pgs. 2-3)

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

NAME _____ GBCID# _____

**(DENT 9279) Intraoral 2: Procedures, Practice & Clinics
ADDITIONAL REQUIREMENTS**

7. CPR LEVEL (C) CERTIFICATE CARD (renew every year)

It is mandatory that you register for CPR level (C) certificate (must be renewed every year) and valid for the entire academic year. You can register at any First Aid Trainers available in your area or check their website for more information. 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 photocopy at your scheduled appointment with Paramed.

CPR Level C Certificate Card

Issued Date/Stamp Date ____/____/____ Expiry Date ____/____/____ **(one year after the issued date)**
 mm / dd / yyyy 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 and chew gum 30 minutes prior to your Paramed Office appointment. If you **suspect your 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 Card

Issued Date/Stamp Date ____/____/____ Expiry Date ____/____/____ **(two years after the issued date)**
 mm / dd / yyyy 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](http://www.georgebrownhealth.ca) online at www.georgebrownhealth.ca
- Paramed office is “**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 to show at your placement and future reference.
- GBC do not keep or maintain any hard copies of your health form records.

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

Name x _____

Program: DENT 9279 Intraoral 2: Procedures, Practice & Clinics

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 _____
(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
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.