

**Continuing Education Program
Registered Practical Nursing Diploma Completion
(NURS 1051) Clinical Practice Course (New student)
Clinical Pre-placement deadline _____ (one month prior to the first day of class per semester)**

STUDENT CHECKLIST & ACTIONS REQUIRED

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 Requisite/ParaMed Office by the given deadline. If you **fail** to do so, you will be **excluded** from Clinical Practice course 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 (mandatory every November or December) **pg. 2**
- Measles, Mumps & Rubella (MMR) (ask your doctor for blood work and ATTACH copies of your laboratory blood test reports and all immunization records on the form. It may require two or more doctor's appointments and up to six weeks to get your results) **pg. 2**
- Varicella (Chicken Pox) (ask your doctor for blood work and ATTACH copy of your laboratory blood test report and all immunization records on the form. It may require two or more doctor's appointments and up to six weeks to get your results, fees may apply) **pg. 2**
- Hepatitis B (ask your doctor for blood work and ATTACH a copy of laboratory blood test report. If you had proof of immunization or doses in the past, ask the doctor to document it on your forms. If it was a recent/new dose, get the following doses as outlined and maximum of six Hep B doses in a lifetime) **pg. 3**
- Two Consecutive Step-Tuberculosis Skin Test (ATTACH documented proof of previous or current Two Step-TB Skin Test and it will require four or more doctor's appointment and fees may apply) **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 police check and certificates below and bring all originals and one set of photocopies of your documents at your scheduled appointment with Requisite/ParaMed Office. **Please read all detail instructions on pgs. 4-5**

- [Police Vulnerable Sector Check](#) (must be renewed every year) **pg. 4**
- [CPR Level \(HCP\) Certificate Card](#) (must be renewed every year) **pg. 4**
- [Mask Fit Test Certificate Card](#) (must be renewed every two years) **pg. 4**
- [Requisite/ParaMed Office](#) Appointment & Service Fees, **see below & pg. 4**
- Requisite/ParaMed and George Brown College Agreement Form, **pg. 5**

REQUISITE/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 Requisite/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 Requisite/ParaMed Office with an **INCOMPLETE** forms, otherwise they will **charged** you a **Subsequent Visit Fee**. Requisite/ParaMed is a "**Fragrance Free Zone**", kindly **do not wear** any perfume, lotion or cologne at your appointment.

(June 1st, 2016 to May 31st, 2017)

- Standard Visit Fee - \$54.00 dollars (submission of health form, RN fee, archives & medical records access online)
- Subsequent Visit Fee (due to a Deficiency List Form) - \$23.65 dollars
- Cancelled or Missed Appointment Fine-\$54.00 dollars (without 24 hour notice)
- Mask Fit Test-\$41.10, 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: REGISTERED PRACTICAL NURSING DIPLOMA COMPLETION
(NURS 1051) CLINICAL PRACTICE COURSE (New student)
CLINICAL PRE-PLACEMENT HEALTH FORM**

NAME x _____

GBC ID# x _____

TEL x _____ (Requisite/ParaMed Official Stamp here)

EMAIL x _____

DEADLINE DATE x _____

CLINICAL HOURS

Semester 1 _____ (200 hours)

Semester 2 _____ (400 hours)

Semester 3 _____ (600 hours)

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.

- 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)

- 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 Requisite/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 _____

- MEASLES, MUMPS & RUBELLA (MMR) (please check the appropriate box, document all doses and follow instructions below)**

- Immunity/Reactive blood test result (**Note:** NO injections required; ATTACH copy of most recent MMR laboratory blood test reports.)
- Non-Reactive/Non-Immunity/Indeterminate lab test result (**Note:** ATTACH copy of most recent laboratory blood test report and get 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")

- VARICELLA (CHICKEN POX) (please check the appropriate box, document all doses and follow instructions below)**

- Immunity/Reactive lab test result (**Note:** NO injections required; ATTACH copy of most recent laboratory blood test reports)
- Non-Reactive/Non-Immunity/ Indeterminate lab test result (**Note:** ATTACH copy of most recent laboratory blood test report and get 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): _____ Medical Office Stamp: _____ (pages 2 & 3)

George Brown College & Requisite/ParaMed Office Agreement Form
(Complete prior to Requisite/ParaMed Office appointment)

Name x_____

Program x_____

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 Requisite/ParaMed Office 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, Clinical Pre-placement Coordinator
(416) 415-5000 ext. 3415 or smartinu@georgebrown.ca
(Mon-Wed) 51 Dockside Drive, Room 702, WF campus
(Thursday-Friday) 200 King Street East, Room 401B, 4th Floor, SJA campus
8:00 am to 3:30 pm

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.