

**Clinical Consolidation Course (Fall Term 2026)**  
**Returning Students Renewal Form**  
**ParaMed Due Date: August 3, 2026**

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**RENEWAL MEDICAL REQUIREMENTS CHECKLIST**

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**Important Note: This Renewal Form is for Returning students only who have completed the Full Prerequisites Health Form requirements in a previous semester and have received clearance from ParaMed.**

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 and follow all the instructions on this form. Please watch our **YouTube Tutorial Videos** in How-To process and complete all the requirements outlined below at [George Brown College Clinical Placement Office](#).

- Step 1 Tuberculosis Skin Test (*must be valid each year for the entire duration of clinical practice*)
- Seasonal Flu Shot (*must be valid every November or December*)
- Final signature of your doctor/physician and medical office stamp

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**RENEWAL NON-MEDICAL REQUIREMENTS**

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Please read carefully all the instructions in How-To process and complete all the requirements outlined below

- [Vulnerable Sector Check](#) (*must be valid each year for the entire duration of clinical practice*)
- [Basic Life Support Certificate](#) (*must be each year for the entire duration of clinical practice*)
- [Paramed Placement Pass Service Fees](#), **see below**
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form

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**PARAMED PLACEMENT PASS SERVICE FEES**  
*(rates are subject to change without further notice)*

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Once you have everything done and completed, your final step is to create an account, submit and upload your completed health form documents to the [Placement Pass by ParaMed website](#) by the given deadline. If you **fail** to do so, you will be **excluded** from clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**.

**(Service fees effective on September 1, 2025)**

- Initial Clearance Fee-\$73.45 dollars (tax included, student will pay and it is non-refundable)
- Subsequent Clearance Fee-\$36.73 dollars (tax included, student will pay and it is non-refundable)

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**CONTACT US:**

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**Suzette Martinuzzi**, Pre-placement Coordinator  
Faculty of Health Sciences-Clinical Placement Office  
**Telephone:** (416) 415-5000 ext. 3415  
**Email:** [CPOHealthForm@georgebrown.ca](mailto:CPOHealthForm@georgebrown.ca)  
Business Hours: Monday to Friday (9:00 am-4:00 pm)  
By appointment only

## Clinical Consolidation Course Returning Students Renewal Form (Fall Term 2026)

Name x \_\_\_\_\_  
 GBC ID# x \_\_\_\_\_  
 Tel x \_\_\_\_\_  
 Email x \_\_\_\_\_  
 Due Date: **August 3, 2026**

**Important Note: This Renewal Form is for Returning students only who have completed the Full Prerequisites Health Form requirements in a previous semester and have received clearance from ParaMed.**

### MEDICAL REQUIREMENTS (Mandatory) (DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & STAMP)

Ontario legislation specifies certain surveillance requirements for those individuals entering into healthcare practice settings. The Program policy was developed in accordance with the Communicable Disease Surveillance protocols, as specified under the Ontario Public Health, OHA, OMA, LTCAO and Ontario School Boards to demonstrate students' meet these requirements prior to entering placement settings. This process is necessary to ensure that our students protect their health and safety, and the health and safety of patients, children, seniors, employees and other vulnerable people. The completion of this information is not optional, and all sections must be completed as outlined. Our placement agency partners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your patient is unable to receive a required immunization or Chest X-ray, a medical note of this exclusion must be provided on the form. **Check out and watch our YouTube Tutorial Videos at <https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKQPQ91w>**

**1. SEASONAL FLU SHOT (strongly recommended every year in November/December)**

Seasonal Flu Shot Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm / dd / yyyy)

**2. STEP 1-TUBERCULOSIS SKIN TEST (must be valid each year, see instructions below)**

- **Negative (-) (less than < 10 mm induration)** If your previous Two Consecutive Step-TB Skin Test results was both "Negative with less than (< 10 mm)" induration from last year, please ask your doctor to renew your Step 1-TB Skin Test only and document it below.
- **Positive (+) (more than > 10 mm induration)** If your previous TB Skin Test result was "Positive with (over > 10 mm induration) from last year, you are **NO longer** required to do anymore TB Skin Test or Chest X-ray again. Please advise your doctor to do annual TB physical examination and must complete 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 WITH MORE THAN >10 MM INDURATION DOCTOR/PHYSICIAN MUST DO ANNUAL TB PHYSICAL EXAM & COMPLETE LETTERS (A-G) BELOW:

- a) Chest X-ray (attach a copy of the Chest X-ray report valid every two 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) \_\_\_\_\_
- g) Is this student safe to attend clinical placement? Yes or No

**Final Signature of doctor/physician/health care professional** \_\_\_\_\_ **(pg. 2)**

**Date (mm/dd/yyyy)** \_\_\_\_\_ **Medical Office Stamp** \_\_\_\_\_ **(pg. 2)**





## George Brown College & ParaMed Agreement Form

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

Program: **Returning Students Clinical Consolidation (Sept 2026)**

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 [CPOHealthForm@georgebrown.ca](mailto:CPOHealthForm@georgebrown.ca)  
Virtual Business Hours: 9:00 am to 3:30 pm, by appointment only

### 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.