

**Continuing Education Program  
(PSW 1009) Providing Optimal Client Support and Personal Care Course (New student)  
Clinical Pre-placement health form deadline: (one month before the first day of class)**

**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 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 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**
- [Standard First Aid Card](#) (must be renewed every three years) **pg. 4**
- [CPR Level \(C\) 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](http://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 1<sup>st</sup>, 2016 to May 31<sup>st</sup>, 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](mailto:smartinu@georgebrown.ca)
- Clinical Pre-placement Office Campus Locations:
- **(Mon-Wed)** 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront Campus
- **(Thursday-Friday)** 200 King Street East, Room 401B, 4<sup>th</sup> 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**  
**(PSW 1009) PROVIDING OPTIMAL CLIENT SUPPORT AND PERSONAL CARE 1 (New student)**  
**CLINICAL PRE-PLACEMENT HEALTH FORM**

NAME x \_\_\_\_\_  
GBC ID# x \_\_\_\_\_  
TEL x \_\_\_\_\_  
EMAIL x \_\_\_\_\_  
DEADLINE DATE x \_\_\_\_\_

(Requisite/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 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 \_\_\_\_\_
  
3. **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 1<sup>st</sup> dose, repeat a second blood test; if result is "Non-Reactive/Indeterminate", get the 2<sup>nd</sup> dose as outlined below)  
2nd Dose Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm / dd / yyyy) (four to six weeks after 2<sup>nd</sup> dose, repeat a third blood test; if result is "Non-Reactive/Indeterminate", get the 3<sup>rd</sup> dose as outlined below)  
3rd Dose Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm / dd / yyyy) (four to six weeks after 3<sup>rd</sup> dose, repeat a fourth blood test; if result is "Non-Reactive/Indeterminate", student status will be "Non-responder/Exception")
  
4. **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 1<sup>st</sup> dose, get the 2<sup>nd</sup> dose as outlined below)  
2nd Dose Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm / dd / yyyy) (six to eight weeks after 2<sup>nd</sup> 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)



NAME x \_\_\_\_\_ GBCID# x \_\_\_\_\_

**(PSW 1009) PROVIDING OPTIMAL CLIENT SUPPORT AND PERSONAL CARE 1  
ADDITIONAL REQUIREMENTS**

**7. POLICE VULNERABLE SECTOR CHECK (must be renewed every year)**

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

**Notice:** All PSW 1009 students are required to obtain their police vulnerable sector check and must be valid for the entire academic year. Please ATTACH the original police vulnerable sector check result and submit it to Requisite/ParaMed Office at your scheduled appointment. Students cannot attend placement until Requisite/ParaMed Office has received the original written police check report.

If your police check record is **“Not clear”** or **“Positive”**, this may jeopardize your academic standing and lead to program withdrawal. Please contact your chair or academic program coordinator.

**Please read carefully the instructions below 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
- It is mandatory that you **bring a money order/bank draft payment of \$20.00 dollars** and make it payable to **Toronto Police Service** and a government issued photo ID at your scheduled appointment. **(We do not accept cash, credit card or personal cheque)**
- Toronto Police Service will take **4 to 8 weeks or longer** to process your police check results.
- It is your responsibility to apply and process your police check prior to your health form deadline. For more information, visit [Police Vulnerable Sector Check](#) website.

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

- If you live in another region such as ([Durham, Halton, Hamilton, Peel, York](#)) or other province, for more information, please check the Police Vulnerable Sector Check website.
- Please be advised that the above regional police headquarters can take up to **2 to 4 weeks** to process your application. If you require a **volunteer letter to pay the student rate except Peel region**, you need to email us your full name, ID#, program name, and your regional police complete address or visit [Police Vulnerable Sector Check](#) website.

**8. STANDARD FIRST AID CERTIFICATE (must be renewed every three years) and CPR LEVEL (C) CERTIFICATE CARD (must be renewed every year)**

It is mandatory that your Standard First Aid is renewed every three years and CPR level (C) certificate is renewed every year. For the list of First Aid Approved Trainers, visit their website for more information and you can register at any First Aid Trainers available in your area. Please bring your original certificate card and photocopies at your scheduled appointment with Requisite/ParaMed Office.

**Standard First Aid Certificate Card**

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

**CPR Level (C) Certificate Card**

*(Note: We do not follow the expiry date on your card, it must be renewed one year after the issued date)*

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

**9. MASK FIT TEST CERTIFICATE CARD (must be renewed every two years)**

Requisite/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 Requisite/ParaMed Office appointment. If you suspect your 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.

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

**10. REQUISITE/PARAMED OFFICE APPOINTMENT & SERVICE FEES**

- Once you have everything done, your **final step** is to create an account and book an appointment with [Requisite/ParaMed Office online at www.georgebrownhealth.ca](#)
- Requisite/ParaMed Office is a **“Fragrance Free Zone”**, kindly **do not** wear any perfume, lotion or cologne at your appointment.
- Fill-out and complete all of the sections with your Name, ID#, Program, telephone, email & dates information, **pgs. 2-5**
- Download your [Requisite/ParaMed](#) Confirmation Visit Sheet
- Please be prepared for your mask fit testing before you go to [Requisite/ParaMed](#) appointment.
- Bring and submit of all your forms and lab tests, immunization records, police check, SFA with CPR C certification: (1 set) of originals and (1 set) of photocopies, **pgs. 2-5.**
- Bring your Initial Visit and Mask Fit test fee payment, **page 1.**
- After your [Requisite/ParaMed](#) appointment, please keep all of your original forms and documents with you for future reference. GBC does not keep or maintain any hard copies of your health form records.

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

Name  \_\_\_\_\_

Program  \_\_\_\_\_

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.

\_\_\_\_\_  
(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.

\_\_\_\_\_  
(Signature) (Date)

**Contact Us**

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca)  
Clinical Pre-placement Office campus locations:  
(Mon-Wed) 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront Campus  
(Thursday-Friday) 200 King Street East, Room 401B, 4<sup>th</sup> 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.