

(NURS 9222) Advanced Clinical Practice Skills Course (Summer Term 2026)
ParaMed Due Date: June 1, 2026

MEDICAL REQUIREMENTS CHECKLIST

Important instructions: 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. Public Health Ontario continues to recommend that people working with vulnerable communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements. Please watch our **YouTube Tutorial Videos** in How-To process and complete all the requirements outlined below at [George Brown College Clinical Placement Office](#).

- ☐ Tetanus, Diphtheria and Pertussis (Tdap/Adacel vaccine must be valid every 10 years)
- ☐ COVID-19 two doses vaccination (mandatory and attach proof of record)
- ☐ Seasonal Flu Shot (strongly encouraged every year in November or December)
- ☐ Measles, Mumps & Rubella (documentation of two doses of MMR vaccine **OR** laboratory evidence of immunity)
- ☐ Varicella (documentation of two doses of Varivax vaccine **OR** laboratory evidence of immunity)
- ☐ Hepatitis B (ask your doctor to do blood test, ATTACH copies of blood test reports and all immunization records)
- ☐ Two Consecutive Step Tuberculosis Skin Test (must be valid every year)
- ☐ Yellow immunization card or any type of immunization records
- ☐ Final signature of your doctor/physician and medical office stamp

NON-MEDICAL REQUIREMENTS CHECKLIST

Please read carefully all the instructions watch our YouTube Tutorial Videos in How-To process and complete all the requirements outlined below at [George Brown College Clinical Placement Office](#)

- ☐ [Vulnerable Sector Check](#)-(must be valid every year for the entire duration of clinical practice from May-Aug 2026)
- ☐ [Basic Life Support Certificate](#) (must be every year and valid for the entire duration of clinical practice from May-Aug 2026)
- ☐ [Mask Fit Test 3M N95 Certificate](#) (must be valid every two years and valid the entire duration of clinical practice from May-Aug 2026)
- ☐ [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

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

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)

CONTACT US:

Suzette Martinuzzi, Pre-placement Coordinator
Faculty of Health Sciences-Clinical Placement Office
George Brown Polytechnic
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Email: CPOHealthForm@georgebrown.ca
Business Hours: Monday-Friday (9:00 am-4:00 pm) By appointment only

(NURS 9222) Advanced Clinical Practice Skills Course
Prerequisite Health Form (Summer Term 2026)

Name x _____
 GBC ID# x _____
 Tel x _____
 Email x _____
 ParaMed Due Date: **June 1, 2026**

MEDICAL REQUIREMENTS
(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, LTCOA 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. Please watch our YouTube Tutorial Videos in How-To process and complete all the requirements outlined below at [George Brown College Clinical Placement Office](#).

- 1. TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel vaccine must be valid every 10 years) attach a yellow card or any immunization record.**
☐ Date of last Tdap/Adacel booster ____/____/____ (mm/dd/yyyy)

- 2. COVID-19 VACCINATION (mandatory and attach proof of record)** Public Health Ontario and the Ministry of Health continue to provide guidance on managing COVID-19 as part of an integrated approach to all respiratory illnesses. Our clinical agency partners -- such as hospitals, long-term care facilities, and other health care or community-based settings -- continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are unvaccinated, even with an approved exemption, are at risk of being unable to find and secure a clinical site and will be advised to withdraw from the Clinical Practice Experience course. For up-to-date information, refer to your program-specific Clinical Pre-placement Health Form documents (downloadable files are located in the previous section).
☐ 1st dose Given Date ____/____/____ (mm/dd/yyyy)
☐ 2nd dose Given Date ____/____/____ (mm/dd/yyyy)
☐ Proof of approved exemption status

- 3. SEASONAL FLU SHOT (strongly encouraged every Nov or/Dec and attach proof of record) (Note: Please do not worry about the flu shot at this time. If you have everything completed except the flu shot, you may submit this health form to the ParaMed portal by the given deadline)**
☐ Seasonal Flu Shot Given Date ____/____/____ (mm / dd / yyyy) Health care professional signature _____

- 4. MEASLES, MUMPS, RUBELLA (MMR) (Two doses vaccine OR Laboratory evidence of immunity)**
☐ Documentation of receipt of two doses of MMR vaccine on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.
 1st Dose date ____/____/____ (mm/ dd / yyyy)
 2nd Dose date ____/____/____ (mm/ dd / yyyy)
 OR
☐ Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, no booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

- 5. VARICELLA (CHICKEN POX) (Two doses vaccine OR Laboratory evidence of immunity)**
☐ Documentation of receipt of two doses of Varivax vaccine on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.
 1st Dose date ____/____/____ (mm/ dd / yyyy)
 2nd Dose date ____/____/____ (mm/ dd / yyyy)
 OR
☐ Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, no booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

Final Signature of doctor/physician/health care professional _____ **(pg. 3)**

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ **(pg. 3)**

(NURS 9222) Advanced Clinical Practice Skills Course
Medical Requirements (Due date: June 1, 2026)

NAME x _____ GBC ID# x _____

- 6. HEPATITIS B INSTRUCTIONS:** All students must complete an **initial “antibody immunity” laboratory blood test** if previous Hep B vaccine was received. Ask your doctor to check the appropriate box, document the dates of any junior or adulthood vaccination record. Ask your doctor for a copy of laboratory blood test report and attach it on the form as outlined below.

☐ **Initial Immune/Reactive/Positive (> 10 U/L) “Anti-HBs or HBsAb” blood test result:** **NO** injections or doses required, attach a copy of lab blood test report and this is done.

☐ **Initial Non-Immune/Non-Reactive/Negative/Low (>0 or <10 U/L) “Anti-HBs or HBsAb” blood test result:** Student must proceed to Section A & B as outlined below: After the student has completed a new 2nd dose, they will be given a temporary clearance to proceed to dental/field/clinical practice. Student is expected to complete the series and provide update on vaccination record per academic year.

Section A-Primary Series (doctor must document any proof of junior or adulthood vaccination record)

- 1st dose _____ / _____ / _____ (mm/ dd / yyyy)
- 2nd dose _____ / _____ / _____ (mm/ dd / yyyy)
- 3rd dose _____ / _____ / _____ (five months after 1st dose, repeat HBsAb lab test after four weeks)
- If the repeat HBsAb lab test result was “**immune/reactive**”, it is done and attach a copy of lab test report.

→ If the repeat lab test result was “**non-immune**”, proceed to Section B series below.

Section B-Second Series (doctor must document any proof of junior or adulthood vaccination record)

- 4th dose _____ / _____ / _____ (mm/ dd / yyyy)
- 5th dose _____ / _____ / _____ (mm/ dd / yyyy)
- 6th dose _____ / _____ / _____ (five months after 4th dose, repeat HBsAb lab test after four weeks)
- If the lab test result is still “**non-immune/non-reactive**”, student status will be considered a “**non-responder/exemption**”.

☐ **Carrier lab test result:** **NO** injections or doses required and attach copy of most recent “**HBsAg-Antigen Positive**” blood test report and answer this question.

☐ **Is this student safe to attend their placement?** Yes or No

7. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (must be valid every year, read and follow instructions below)

- All students must complete and 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.
- If you have proof of previous Two Consecutive Step-TB Skin Test done in the past and the result was both “**Negative**”, do annual Step 1-TB Skin Test.
- If you have proof of previous Two Consecutive Step-TB Skin Test and the result was “**Positive**”, **NO** more annual TB Skin Test and your doctor needs to do annual physical exam and answer letters (A-F) below.
- 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 YEAR: STEP 1 TB SKIN TEST

_____/_____/_____
 (Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

PREVIOUS YEAR: 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 YEAR: STEP 1 TB SKIN TEST

_____/_____/_____
 (Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

CURRENT YEAR: 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 SIZE
DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-G) BELOW:

- a) **Chest X-ray (if TB Positive only, ATTACH a copy of the X-ray report valid within two 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) _____
- g) Is this student safe to attend their placement? Yes or No

Final Signature of doctor/physician/health care professional: _____ (pg. 4)

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ (pg. 4)

George Brown Polytechnic & ParaMed Agreement Form

Name x _____

Program: (NURS 9222) Advanced Clinical Practice Skills Course (Summer Term 2026)

I x _____ (print name) understand that any false statement is grounds for cancellation of admission.

I understand that Polytechnic 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 Polytechnic 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 Polytechnic 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 Polytechnic. 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
Virtual Business Hours: 9:00 am to 4:00 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 Polytechnic 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.