Clinical Consolidation Course (Winter Term 2027)
Returning Students Renewal Form
ParaMed Due Date: November 6, 2026

RENEWAL MEDICAL REQUIREMENTS CHECKLIST

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

RENEWAL NON-MEDICAL REQUIREMENTS

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

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
Telephone: (416) 415-5000 ext. 3415
Email: CPOHealthForm@georgebrown.ca
Business Hours: Monday to Friday (9:00 am-4:00 pm)
By appointment only

Clinical Consolidation Course
Returning Students Renewal Form (Winter Term 2027)

Name x_____
GBC ID# x_____
Tel x_____
Email x_____
Due Date: **November 6, 2026**
Important Note: ***This 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/UClQndxFUqeBVhjB3QKPQ91w**

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)

Returning Students Renewal Form
Non-Medical Requirements (Due date: November 6, 2026)

NAME x_____ **GBC ID#** x_____

3. VULNERABLE SECTOR CHECK *(must be valid each year for the entire duration of clinical practice)*

- ✓ Please make sure that your documents are valid and will **not** expire for the entire duration of your clinical practice before you submit and upload it to ParaMed. Otherwise, you will not be cleared, and you will pay a Resubmission fee to ParaMed.
- ✓ If you have **any history of criminal record or has a not clear VSC record**, please contact us to further discuss how this will have a **negative impact** to your academic and clinical standing in the program.
- ✓ Your academic department requires that all students must have a ***"clear"*** vulnerable sector check valid for the academic year. Please attach the original police vulnerable sector check record and submit to ParaMed. If you are **excluded** from placement due to a ***"not clear"*** vulnerable sector check, it will jeopardize your academic standing and can lead to withdrawal. Please contact us to discuss this matter before you register and pay for this program. All costs associated with the vulnerable sector check application and additional fees related to fingerprint, court documents and Record Suspension (formerly Pardon) process are responsibility and paid by the student.

Please read and follow instructions carefully in How-To apply according to your Regional Police Service below:

For students who currently reside in Toronto region with a postal code that start with letter "M". please read and follow carefully the new Step-by-Step Instructions in How-To apply for Toronto Police Service Vulnerable Sector Check online below:

a) Go to Toronto Police Service website at Toronto Police Service website.

b) Scroll down to **Police Record Checks** and **Register for an Adult Police Record Check Account** and then **Click on Fill-Out Form**.

c) It is mandatory that you answer and complete from **1 to 6 stages** of your application form such as the **Report, Documentation, Demographics, Payment Status, Authentication Status and Application Status stages**.

d) Please make sure that you apply for **Vulnerable Sector Check and click on $26.72 dollars Unpaid Student Placement.**

e) Enter the **VSC Organization Code#202309TPSON66200**

f) Enter your registered **Course or Program Name**

g) Enter under **Vulnerable Clientele Duties:** to provide care, support and guidance for the health and well-being of vulnerable persons from 1-99 years old.

h) Enter under **List which vulnerable sectors you will be working with:** children, teenagers, elderly, seniors and person with physical and mental disability.

i) Once you finish answering all **6 stages**, you must finalize your submission and pay for your online application by credit card only.

j) Toronto Police Service will send you an **email notification** as to when you will receive your Vulnerable Sector Check record to your email account.

k) Processing times typically take **8 to 10 weeks** from the date the application is received but may **fluctuate beyond** this due to volume and time of year. **No rush or expedited service.**

For students who currently reside in another region such as Durham , Halton, Hamilton, London, Niagara, Peel & York) or Out of Province.

- If you currently in another region such as (Durham, Halton, Hamilton, London, Peel & York) or Out of Province, please check your specific regional police service website and they can take **8-10 weeks** to process your application form, with exception to Niagara region which takes **8 to 10 weeks** to process and received.
- Please apply for Vulnerable Sector Check as it needs to be valid in the academic year, for more details click the Vulnerable Sector Check website.
- If you require a **volunteer letter** to pay for the student rate **(except Peel region),** please email us your full name, GBC ID#, program name and your regional police service complete address.
- If you currently reside in **Quebec region**, please make sure that your VSC record is translated in **English Language**.

Vulnerable Sector Check

☐ ***Issued Date*** _____/_____/_____ ***Expiry Date***_____/_____/_____ ***(one year after the issued date)***
mm/ dd / yyyy ***mm/ dd / yyyy***

Returning Student Renewal Form
Non-Medical Requirements (Due date: November 6, 2026)

NAME x_____ **GBC ID#** x_____

4. **BASIC LIFE SUPPORT CERTIFICATE** ***(must be valid each year for the entire duration of clinical practice)***
   - It is mandatory that you register either in-person or blended format training class. You can check either **Critical Care Sim Institute or Peak Excellence Shop or VitalCPR or SOS First Aid websites or click here** for the list of Ontario WSIB Approved First Aid Trainers available in your area.
   - **Do not** register **to any company that offers these courses fully online**, we will **not accept** these types of certificates. We would advise you to retake this course with another company that offers it either hybrid or in person and you will have to pay again. All costs and service fees are the responsibility of the student.
   - Please submit and upload your official certificate to your ParaMed Placement Pass account and attach it on the health form. (**NO** temporary certificate accepted).

Basic Life Support (BLS) Certificate Card

☐ ***Issued Date_____/_____/_____*** ***Expiry Date_____/_____/_____(one year after the issued date)***
(mm / dd / yyyy) ***(mm / dd / yyyy)***

FINAL STEP:

- Once you have everything completed, your final step is to create an account, submit and upload your Health Form documents to the **ParaMed Placement Pass website at Placement Pass by ParaMed** 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**.
- After 72 hours of submission, you must Sign-in to your portal account to check the ParaMed RN evaluation result of your forms, download the Student Status Summary Report Certificate and attached it to your original health form documents, as you need to show this proof to your upcoming placement agency and for future reference.

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**
Virtual Business Hours: 9:00 am to 3:30 pm, by appointment only

FREEDOM OF INFORMATION ANDPROTECTION 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, Regulation77 and the Public Hospital Act R.S.O.1980 Chapter 410, R.S.O. 1986, Regulations65 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.