(NURS 9215) Clinical Consolidation Course
Returning students in Fall/Winter/Spring Term
Renewal Form deadline: (two months before the start of new semester)

RETURNING STUDENT CHECKLIST & ACTION REQUIRED

*It is your **responsibility** to start and meet all the health form requirements outlined below. This process will take **6-8 weeks** to complete and you must have a "clear" police check record valid every year. If you **fail** to complete, submit, and upload these requirements to ParaMed Placement Pass by ParaMed by the given deadline, you will be **excluded** from clinical practice which can jeopardize your academic standing & lead to program **withdrawal**. All costs, service fees and fine associated with the overall medical and additional requirements are responsibility of the student.*

MEDICAL REQUIREMENTS (MANDATORY)

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***

- ☐ COVID-19 Vaccine *(mandatory-as per **GBC** and **Ministry of Health Directive 6** vaccination policy effective on Sept 7, 2021)*
- ☐ Seasonal Flu Shot *(highly recommended every November or December and attach proof of record)*
- ☐ Step 1-Tuberculosis Skin Test *(renew every year)*
- ☐ Final signature of your doctor/physician and medical office stamp

ADDITIONAL REQUIREMENTS

Please read all detailed instructions on pages 4-5

- ☐ Police Vulnerable Sector Check (*renew every year)*
- ☐ Basic Life Support certificate (*renew every year)*
- ☐ Mask Fit Test certificate *(renew every two years)*
- ☐ Placement Pass by ParaMed Service Fees, ***see below***
- ☐ Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form

PLACEMENT PASS BY PARAMED SERVICE FEES *(rates are subject to change, student pays)*

Once you have everything completed, your final step is to create an account, submit and upload your completed Renewal Health Form documents to th**e Placement Pass by ParaMed** at **https://georgebrowncollege.requisite.ca/** by the given deadline.

(June 1, 2021 to May 31, 2022)

- Initial Submission Fee - $59.47 dollars (submission of health form, RN fee, archives & medical access online)
- Resubmission Fee (due to a Deficiency List Form) - $26.10 dollars

CONTACT US

- Suzette Martinuzzi, Clinical Pre-placement Coordinator, contact via email **smartinu@georgebrown.ca**
- Virtual Business Hours: Monday to Friday, 9:00 am to 3:00 pm

(NURS 9215) CLINICAL CONSOLIDATION COURSE-RETURNING STUDENTS RENEWAL FORM IN FALL/WINTER/SPRING TERM

Name x_____
GBC ID# x_____
Tel x_____
Email x_____
Deadline: **two months before the start of new semester**

MEDICAL REQUIREMENTS (Mandatory)
(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.

1. **COVID-19 VACCINE** ***(mandatory-as per GBC and Ministry of Health Directive#6 vaccination policy on Sept 7, 2021)***
   - ☐ 1st dose Given Date_____/_____/_____(mm/dd/yyyy) (attach proof of record)
   - ☐ 2nd dose Given Date_____/_____/_____(28 days after 1st dose, attach proof of record)
   - ☐ Proof of approved **exemption** status
2. **SEASONAL FLU SHOT** *(highly recommended every year in November/December and attach proof of record)*
   - ☐ *Seasonal Flu Shot Given Date_____/_____/_____(mm/dd/yyyy)*
3. **STEP 1-TUBERCULOSIS SKIN TEST** ***(renew every 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-F) BELOW:

a) **Chest X-ray** ***(attach a copy of the Chest X-ray report valid every four 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) _____

Final Signature of doctor/physician/health care professional_____ **(pg. 2)**

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

NAME x_____ **GBCID#** x_____

NURS 9215 CLINICAL CONSOLIDATION COURSE-RETURNING STUDENTS
ADDITIONAL REQUIREMENTS
(Submission deadline: two months before the new semester)

4. POLICE VULNERABLE SECTOR CHECK *(renew every year)*

Your academic department requires that all students must have "clear" police check valid for the academic year. Please attach the original police vulnerable sector check record and submit to Placement Pass by ParaMed . If you are **excluded** from placement due to a ***"not clear"*** police check, it will jeopardize your academic standing and can lead to withdrawal. Please contact your Chair to discuss this matter before you register and pay for this program. All costs associated with the police check application and additional fees related to fingerprint, court documents and Record Suspension (formerly Pardon) process are responsibility and paid by the student.

Due to COVID-19 pandemic, the police vulnerable sector check process has changed. Please read instructions below in how to apply for your police check according to your regional police service below.

For students who currently reside in Toronto region (with a postal code that starts with letter "M")

- You must send an email request to Suzette Martinuzzi, Clinical Preplacement Coordinator at **smartinu@georgebrown.ca** with your Full name, GBC ID#, Program Name and Semester.
- Once you received it, you must download and print it in a **legal-size (8x14) paper only *(NO other format or size accepted).***
- Fill out, complete, and sign all the sections **of** the application form and make sure that your writing is clear and legible
- You must attach a **BANK DRAFT/MONEY ORDER PAYMENT OF $20.00 DOLLARS PAYABLE TO TORONTO POLICE SERVICE** and a photocopy of your government issued ID either Driver's license, passport or Ontario ID card. Please keep your bank receipt as your proof of payment. ***(NO other payment method accepted)***
- You must submit your Toronto Police form and payment via registered mail to their business address below:
    - **Toronto Police Service**
      Records Management Services
      40 College Street, Toronto, ON M5G 2J3

For students who currently reside in another region such as (Durham, Halton, Hamilton, London, Niagara, Peel & York) or other province.

- If you live in another region such as (Durham, Halton, Hamilton, London, Peel & York) or other province, please check your specific regional police service website and they can take **two-six weeks** to process your application form, with exception to Niagara region which takes **10 weeks** to process.
- Please apply for police check as it needs to be valid in the academic year, for more details, visit **Police 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. For more details, visit **Police Vulnerable Sector Check website.**

POLICE VULNERABLE SECTOR CHECK

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

5. BASIC LIFE SUPPORT CERTIFICATE *(renew every year)*

- It is mandatory that you register for ***BLS certificate*** and valid for the entire academic year. For the list of First Aid Approved Trainers, **click here** for more information or you can register at any First Aid Trainers available in your area. Please submit and upload it to the Placement Pass by ParaMed by the given deadline.

BLS Certificate

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

NAME x_____ **GBCID#** x_____

NURS 9215 CLINICAL CONSOLIDATION COURSE-RETURNING STUDENTS
ADDITIONAL REQUIREMENTS
(Submission deadline: two months before the new clinical semester)

6. **MASK FIT TEST CERTIFICATE** ***(renew every two years)***
   - You can get a qualitative mask fit test either from your workplace or at **Peak Excellence Shop company**
   - All male students must be clean-shaven the same day as your scheduled appointment. No facial hair or jewelry that may interfere with the seal of the mask.
   - Please do not eat, drink, smoke and chew gum one hour prior to your appointment.
   - All nursing students must be tested and fitted for an appropriate qualitative mask (respirator) during this pandemic and in the event of flu (or other airborne/droplet) outbreak.
   - Certificate/card must clearly state the mask model, type, and size and always carry it during placement.

MASK FIT TEST CERTIFICATE

☐ ***Issued Date*** _____/_____/_____ ***Expiry Date***_____/_____/_____ ***(two years after the issued date)***
mm / dd / yyyy ***mm / dd / yyy***

FINAL STEP: Once you have everything completed, your final step is to create an account, submit and upload your Health Form documents to the **Placement Pass by ParaMed portal** at **https://georgebrowncollege.requisite.ca/** by the given deadline. After 48 hours, 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: (NURS 9215) Consolidation Course-Returning students

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 smartinu@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.