

## Welcome to NURS 9215 Clinical Practice Consolidation course in Winter 2023!

- If you are planning to register and continue your studies in NURS 9215-Consolidation course in the upcoming Winter 2023 (January-April 2023), there are mandatory requirements that you will need to demonstrate completion of, prior to being assigned to a hospital-based placement. These preclinical requirements are mandated by the Ontario Public Health and placement agency partners, and it will take 8 to 10 weeks to process and complete, and it is recommended that you provide enough time for the approval process.
- Once you have gathered all the necessary documents, register, and paid for this course, you will need to create an account, submit and upload all documents, certificates and evidence to the electronic Placement Pass by ParaMed portal by the **given deadline on December 5, 2022**. A link to the portal can be found at <https://georgebrowncollege.requisite.ca/>
- If you **fail** to complete, submit, and upload these requirements to Placement Pass by ParaMed (formerly Requisite) portal by the **given deadline on December 5, 2022**, you will be **excluded** from clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- All costs, service fees and fine associated with the overall medical and additional requirements are responsibility of the student.

**Below is a summary of all requirements that must be provided in your submission. Please read and follow all the instructions carefully:**

### Medical Requirements

- All students must provide proof of current immunization records, blood test reports and health status. Book an appointment with your doctor/walk-in clinic and bring the Pre-requisite Form with you to document receipt of the following -TDAP, MMR, Varicella, Hep B and Two Step TB requirements, COVID-19 vaccine and Flu Shot. For more information, visit <https://coned.georgebrown.ca/student-resources/paramed-requisite-health-form>

### Police Vulnerable Sector Check (renew every year)

- All students must provide proof of a clear vulnerable sector police check that is valid every year. If you live in Toronto region with a postal code that start with letter "M", the Clinical Placement Office will send you the Toronto Police application form and instructions sheet to your email account.
- If you live in another region such as Durham, Halton, Hamilton, Peel, York or other province, you will need to apply for your police check at your specific regional police service website. For information, visit this link <https://coned.georgebrown.ca/student-resources/paramed-requisite-health-form>

### Basic Life Support Certificate (renew every year)

- All students must have a current BLS certificate to participate in practicum. Please register for this course at any WSIB Approved First Aid Trainers, for more information visit this link <https://coned.georgebrown.ca/student-resources/paramed-requisite-health-form>

### Mask Fit Test Certificate (renew every two years)

- All students must have a valid mask fit test certificate. We will accept your mask fit test certificate either from your workplace or other agency if it is valid within 2 years. If you need to complete this step, please book your mask fit testing at Peak Excellence Shop company online at <https://www.peakexcellenceshop.com/> or go to other third-party agency.

### Contact us

- Suzette Martinuzzi, Clinical Pre-placement Coordinator, contact via email [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca), Virtual Business Hours: Monday to Friday, 9:00 am to 3:30 pm

**(NURS 9215) Consolidation Course (Winter Term 2023)**  
**Prerequisites Form deadline: December 5, 2022**

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**MEDICAL REQUIREMENTS CHECKLIST**

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**Please read all detailed instructions on pgs. 1-4**

- Tetanus, Diphtheria & Pertussis (*Tdap/Adacel vaccine valid every 10 years*) & attach yellow card record)
- COVID-19 vaccine (*mandatory*)
- Seasonal Flu Shot (*mandatory*)
- 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
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

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**ADDITIONAL REQUIREMENTS CHECKLIST**

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**Please read all detailed instructions on pgs. 5-7**

- [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 (formerly Requisite) portal 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 FEE (rates are subject to change, student pays)**

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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 (formerly Requisite) portal** at <https://georgebrowncollege.requisite.ca/> by the given deadline.

**(June 1, 2021 to May 31, 2022) (Student pays)**

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

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**CONTACT US**

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- Suzette Martinuzzi, Clinical Pre-placement Coordinator, contact via email [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca)
- Virtual Business Hours: Monday to Friday, 9:00 am to 4:00 pm
- Telephone# (416) 415-5000 ext. 3415

**(NURS 9215) CONSOLIDATION COURSE  
PREREQUISITES FORM (WINTER TERM 2023)**

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

GBC ID# x \_\_\_\_\_

Tel x \_\_\_\_\_

Email x \_\_\_\_\_

**Submission deadline: December 5, 2022**

**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, 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.*

**1. TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel 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. COVID-19 VACCINE (mandatory)**

1<sup>st</sup> dose Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_(mm / dd / yyyy) (attach proof of record)

2<sup>nd</sup> dose Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (28 days after 1<sup>st</sup> dose, attach proof of record)

Proof of [approved exemption](#) status

**3. SEASONAL FLU SHOT (mandatory)**

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

**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 1<sup>st</sup> 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.

1<sup>st</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/ dd / yyyy

2<sup>nd</sup> 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 1<sup>st</sup> 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.

1<sup>st</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/ dd / yyyy

2<sup>nd</sup> 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 9215 CONSOLIDATION-MEDICAL REQUIREMENTS (submission deadline on December 5, 2022)**

NAME x \_\_\_\_\_ GBC ID# x \_\_\_\_\_

**6. HEPATITIS B (doctor must check the appropriate box, attach a copy of lab blood test report and document all doses as outlined below)**

- Immunity/Reactive/Positive lab test result (**Note:** NO injections required; it is mandatory that you *ATTACH* a copy of most recent “Antibody” laboratory blood test reports)
- Non-Immunity/Non-Reactive/Negative/Low (>0 or <10) “Antibody” laboratory blood test report, you must get new doses as outlined below. Maximum of six Hep B doses in a lifetime

1<sup>st</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (initial immunization date)  
(mm/ dd / yyyy)

2<sup>nd</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (four weeks after 1<sup>st</sup> dose)

3<sup>rd</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (six months after 1<sup>st</sup> dose, then repeat another blood test after four weeks)

4<sup>th</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (if the 3<sup>rd</sup> dose blood test result is <10 IU/L/Non-immunity/Non-reactive, you must get a 4<sup>th</sup> dose)

5<sup>th</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (four weeks after 4<sup>th</sup> dose, you must get a 5<sup>th</sup> dose)

6<sup>th</sup> dose date \_\_\_\_/\_\_\_\_/\_\_\_\_ (before you get the final 6<sup>th</sup> dose, repeat blood test after four weeks and if it is still Non-immunity/Non-reactive, student status will be considered Non-Responder/Exception)

- Carrier (**Note:** No injections required and ATTACH copy of most recent “Antigen Positive” blood test and notify the medical officer)

**7. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (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: STEP 1 TB SKIN TEST**

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

**PREVIOUS: 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: STEP 1 TB SKIN TEST**

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

**CURRENT: 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-F) 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) \_\_\_\_\_

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

Date (mm/dd/yyyy): \_\_\_\_\_ Medical Office Stamp: \_\_\_\_\_ (pg. 4)

**NURS 9215 CONSOLIDATION-MEDICAL REQUIREMENTS (submission deadline on December 5, 2022)**

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

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

Your academic department requires that all students must have a "clear" police check valid for the academic year. Please attach the original police check record, submit and upload it to Placement Pass by ParaMed (formerly Requisite) portal. 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 check application process shas changed. Please read the instructions below in how to apply for your police check according to your regional police services:**

**Toronto Police Vulnerable Sector check** application form process 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](mailto: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 Headquarters**  
**Records Management Services, 4<sup>th</sup> Floor**  
**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** in order 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 (*renew every year*)**

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



## NURS 9215 CONSOLIDATION-MEDICAL REQUIREMENTS (submission deadline on December 5, 2022)

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

### 9. BASIC LIFE SUPPORT (BLS) CERTIFICATE (*renew every year*)

- It is mandatory that you register for the Blended Format training course and must be 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 (formerly Requisite) portal and attached your original certificate to your health form.

#### BLS Certificate Card

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

### 10. MASK FIT TEST CERTIFICATE (*renew every two years*)

- You can get the qualitative mask fit test either from your workplace or at Peak Excellence Shop company and book an appointment on their website at <https://www.peakexcellenceshop.com/>
- If you live Outside Toronto region or Out of the Province, you can get your Mask Fit test at any third-party company closer to your area, as long as you have proof of valid certificate
- All male students must be clean-shaven the same day at 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 / yyyy

#### FINAL STEP:

- Once you have everything completed, register and paid for the NURS 9215 Consolidation course, your final step is to create an account, submit and upload your Health Form documents to the ParaMed **Placement Pass** website 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 in Winter 2023

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](mailto:smartinu@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 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.