

**(NURS 9215) Clinical Consolidation or Preceptorship-NTI**  
**For Returning students only**  
**Renewal Health Form deadline: (two months before the start of new semester)**

**RETURNING STUDENT CHECKLIST & ACTIONS REQUIRED**

**Notice:** If you are planning to continue your studies in this program, it is your **responsibility** to meet all the health form requirements outlined below. This process will take **8 to 10 weeks** to complete, and you must have a “clear” vulnerable sector check valid every year. If you **fail** to complete and submit these requirements to 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 fines associated with the overall medical and additional requirements are the 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 detailed instructions on pages 2-3.**

- Seasonal Flu Shot (mandatory every year in November or December)
- Step 1-Tuberculosis Skin Test (must be renewed every year)
- Final signature of your doctor/physician and medical office stamp

**ADDITIONAL REQUIREMENTS**

---

**Please read all detailed instructions on pages 4-6**

- Vulnerable Sector Check record (must be renewed every year)
- Basic Life Support certificate (must be renewed every year)
- Mask Fit Test certificate (must be renewed every two years)
- ParaMed Placement Pass Service Fees
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates, Agreement HSPnet Form

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

---

Once you have everything completed, your final step is to create an account and upload your completed Health Form documents to the **new ParaMed Placement Pass website** at <https://georgebrowncollege.placementpass.ca/> by the given deadline.

**(June 1, 2022 to May 31, 2025)**

- 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](mailto:smartinu@georgebrown.ca)
- Telephone# (416) 415-5000 x 3415
- Business Hours:  
Monday to Wednesday at 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront campus  
Thursday to Friday at 200 King Street, Room 401B, 4<sup>th</sup> Floor, Main Building A, St. James campus  
(9:00 am to 3:30 pm)
- By appointment only

**(NURS 9215) CLINICAL CONSOLIDATION CLINICAL OR PRECEPTORSHIP-NTI  
RETURNING STUDENTS RENEWAL HEALTH FORM**

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

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

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

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

**Paramed submission deadline: two months before the new semester start**

**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. **COVID-19 Update:** 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.

**1. SEASONAL FLU SHOT (mandatory every year in November/December and attach proof of record)**

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

**2. STEP 1-TUBERCULOSIS SKIN TEST (must be renewed every year and you can watch the YouTube tutorial video at <https://youtu.be/X5UYciWHhRI>)**

- **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 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 (local 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)**

## TEMPORARY MEDICAL EXCEPTION TO YOUR PARAMED ACCOUNT

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

**3. Did you receive a Temporary Medical Exception from your last submission to your ParaMed Placement Pass account? If so, go to Section A. If not, go to Section B.**

➤ **Section A)**

Please Sign-in to your ParaMed Placement Pass account and check your Student Status Summary report for any **COMMENTS** that ParaMed has listed for you. Please show your doctor your old health form documents or the Student Status Summary report, complete any of the outstanding booster or repeat blood test and have them fill-out and complete this part of the form.

If you **FAIL** to provide any updates, your Temporary Exception will expire and ParaMed will mark you as **NOT CLEAR** and you will be **EXCLUDED** from clinical or field or dental practice.

- Tetanus, Diphtheria & Pertussis (TDAP/Adacel valid every 10 years)

dose date: \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)

- Measles, Mumps & Rubella (MMR)

outstanding dose date: \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)

**OR**

outstanding copy of repeat laboratory blood test report

- Varicella (Chicken Pox)

outstanding dose date: \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)

**OR**

outstanding copy of repeat laboratory blood test report

- Hepatitis B

outstanding booster shot dose date: \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)

**OR**

outstanding copy of repeat laboratory blood test report, 4-6 weeks from your last dose

- **SECTION B)** If you already received a **ParaMed Clear Certificate** from your previous health form document, please **disregard this page 3** and there is no need for your doctor to fill-out this form or redo any of the medical requirements given above. But, you are still required to upload your Student Status Report.



**(NURS 9215) CLINICAL CONSOLIDATION OR PRECEPTORSHIP-NTI  
ADDITIONAL REQUIREMENTS  
(submission deadline: two months before the new semester start)**

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

**5. BASIC LIFE SUPPORT CERTIFICATE (must be renewed every year and valid for the entire duration of your clinical practice) (Check out the YouTube tutorial video at <https://youtu.be/86LxxQpVV9s>)**

- ✓ It is mandatory that you register for *Basic Life Support certificate* either in person or Blended Format training and valid for the entire academic year. If you live in Toronto region, please check the Peak Excellence Shop for their discounted rate. 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 bring your original certificate card and photocopies at your scheduled appointment with Paramed.
- ✓ Please make sure that your renewal 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 will be ineligible for the upcoming clinical placement.

**Basic Life Support Certificate**

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

**6. MASK FIT TEST CERTIFICATE (must be renewed every two years and valid for the entire duration of your clinical practice) (Check out the YouTube tutorial video at [https://youtu.be/8gRu3\\_2bYvA](https://youtu.be/8gRu3_2bYvA))**

- 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 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 or 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, your final step is to create an account, submit and upload your Health Form documents to the **ParaMed Placement Pass website** at <https://georgebrowncollege.placementpass.ca/> by the given deadline.

After this step, it is mandatory that you keep all your original health form documents and certificates, as you need to show this proof of records to your upcoming placement agency and for future reference.

## George Brown College & ParaMed Agreement Form

Name  \_\_\_\_\_

**Program:** (NURS 9215) Clinical Consolidation/Preceptorship-NTI

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.

\_\_\_\_\_  
**(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)  
 Virtual Business Hours: 9:00 am to 3:30 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.