

**Dental Assistant Level II Upgrade Certificate-DENT 9206 (September 2011 Intake)**  
**(Part 1-Intra Oral Theory & Concepts)**  
**HEALTH FORM CHECKLIST**

(See health form pages 3-6 attached)

**Deadline: Ask your Coordinator**

**ParaMed Fees:** As of September 1<sup>st</sup>, 2011, you will **PAY** both the **visit and/or mask fit test fees** for every scheduled appointment at Paramed

**Medical Requirements (mandatory)**-Please bring a yellow immunization card and/or any immunization record and/or laboratory blood test report at your scheduled appointment with ParaMed

- 1. Measles, Mumps, Rubella (MMR)
- 2. Varicella (Chicken Pox)
- 3. Tetanus, Diphtheria, Pertussis (Tdap)
- 4. Seasonal Flu Shot (recommended every Nov/Dec)
- 5. Hepatitis B
- 6. 2-Step Tuberculosis Skin Test
- 7. Health Care Provider/Doctor Signature & Stamp

**Additional Requirements (mandatory)**-Please bring all valid certification at your scheduled appointment with ParaMed

- 8. CPR **Level-C** Certificate (must be valid annually)
- 9. Mask Fit Test Certificate (must be valid every 2 years)

**PARAMED SERVICE FEES** (rates change annually)

As of Sept 2011, all con-ed students will pay a fee for both the appointment and the mask fit test when you come for your appointment at ParaMed:

- Visit Pricing - \$49.40 (rates change annually)
- Return Visit due to a Deficiency List Form - \$21.80 (rates change annually)
- Mask Fit Test - \$37.55 (rates change annually)
- Photocopies - \$3.00

\*ALL PRICES INCLUDE HST WHERE APPLICABLE

**PARAMED FINES**

Students will be charged a **\$49.40 dollar fine (fee rates change annually)** for the following penalty/extra services at ParaMed:

- Any missed appointments (**without 24 hours notice**)
- Student shows up for their scheduled appointment with "No Pre-placement Health Form" or the form "is not completed, signed and stamped by the doctor or physician.
- Student shows up for their next follow-up scheduled appointment, "without any new documentation or information" to submit from their "Deficiency List" provided by the ParaMed, Occupational Health/Registered Nurse

Should you incur any of the above fine; you **will now pay this fine directly to Paramed** before you can be allowed to meet the Registered Nurse at your scheduled appointment.

To avoid this charge, before you go to your scheduled appointment, check first; have you completed all the medical and non-medical requirements on the health form.

\*ALL PRICES INCLUDE HST WHERE APPLICABLE

**Dental Assistant Level II-DENT 9206  
IMPORTANT STEPS TO FOLLOW**

**You MUST complete these STEPS in this order and start the process immediately, since it will take you 10 to 12 weeks to complete. Failure to complete and submit this health form by the due date, will exclude you to be eligible for placement.**

- Step 1-** Upon acceptance & confirmation of registration into the program and fee payment, go to the Clinical Pre-placement Health Requirement main page at <http://coned.georgebrown.ca/info/healthform.html>

- Step 2-** Download and read carefully the DENT 9206-Clinical Pre-Placement Health Form requirements and due date.

- Step 3-**For immunization and/or laboratory blood test results, make an appointment with your Doctor/Health Care Provider. If you do not have a family doctor, please visit any Walk-in Clinics available. It is your responsibility to ensure that the Clinical Pre-placement Health Form is properly completed and signed by your Doctor/Healthcare Provider, **BEFORE** you complete **Step#6**.
- If for medical reasons you are unable to receive the required immunizations, your healthcare provider must include a detailed explanation for this exclusion. The cost of completing the requirements is paid by the student.

- Step 4-** Ensure that your [CPR Level-C](#) certification is renewed annually **for Step#6**. You may take the above courses to any available [Workplace Safety and Insurance Board \(WSIB\) approved first aid trainers](#).

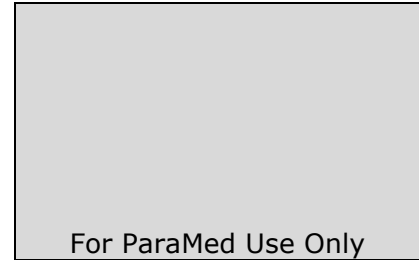
- Step 5-** Mask Fit Test will be done at ParaMed the day you see the Occupational Health/Registered Nurse. Please do not eat, drink or chew gum at least 20 minutes before your test and you must be clean shaven.

- Step 6-** Once you completed Steps#1-4, you will need to **create an account and book an appointment** with [ParaMed](#), the College's Occupational Health Nurse/Registered Nurse provider using their online service at [www.georgebrownhealth.ca](http://www.georgebrownhealth.ca) (**No walk-in visits allowed**).
- ParaMed is located at [480 University Avenue](#) on the 7th floor, Suite 704 (corner of University and Dundas - St. Patrick subway station).
- You may cancel your own appointment online (**with 24 hours notice**), at ParaMed website [www.georgebrownhealth.ca](http://www.georgebrownhealth.ca). Failure to do so will result in a **fine**.
- You must bring your visit and mask fit test payment at your scheduled appointment.

- Step 7-** Download the ParaMed **e-mail confirmation instruction sheet** to confirm their location and your appointment date, time and requirements. If you have problems booking on-line or have forgotten your password, contact Suzette Martinuzzi.

- Step 8-** Make a photocopy of ALL your forms/documentation, otherwise ParaMed will charge you a **\$3.00 dollars photocopy fee**. Bring all of the original and copies of your health form documents to your appointment with the Occupational Health/Registered Nurse. Once the form has been reviewed by the Occupational Health/Registered Nurse both the original & copy will be stamped CLEARED. The student will keep the original and the copy is kept by the Occupational Health Nurse.

<b>Continuing Education Program</b>	
<b>Clinical Pre-placement Health Form (2011-2012)</b>	
<b>Program:</b>	Dental Assistant Level II
<b>Course:</b>	DENT 9206 (Part 1 Intra-oral Theory & Concepts)
<b>DEADLINE:</b> (Ask your Coordinator)	
<b>ParaMed Fees:</b>	As of Sept 1 <sup>st</sup> , 2011, you will <b>PAY</b> both the <b>visit and/or mask fit test fees</b> for every scheduled appointment at Paramed
<b>Last Name:</b>	
<b>First Name:</b>	
<b>Student ID#:</b>	<b>Tel#</b>
<b>Email:</b>	



**MEDICAL REQUIREMENTS – MANDATORY**

**ATTN: (Physician/Doctor/Public Health Nurse/Occupational Health Nurse/Nurse Practitioner)**  
 Thank you for your cooperation with the immunization process for our student registered in this program. For the protection of our students, patients and external clients, students **must provide documentation of immunization or laboratory blood test report.** Immunization requirements listed before each section follow the standards outlined in the Canadian Immunization Guide, 6<sup>th</sup> Edition, the Canadian Tuberculosis Standards and the OHA/OMA Ontario Hospitals surveillance protocols. The required information with exact dates (yy/mm/dd) must be recorded directly on the Clinical Pre-placement health form and an attesting signature is required at the end of the form.

**COMMUNICABLE DISEASES**

**1. Measles, Mumps Rubella (MMR)-(Mandatory)**

**One of the following is acceptable as proof of immunity:**

Documentation of 2 doses of MMR vaccine on or after 1<sup>st</sup> birthday,  
**1<sup>st</sup> Dose Date:** \_\_\_\_\_ **2<sup>nd</sup> Dose Date:** \_\_\_\_\_  
***Important Note:** Student must receive and submit 1<sup>st</sup> & 2<sup>nd</sup> doses before the deadline, in order to be stamped cleared and eligible for placement*

**Healthcare Professional Signature:** \_\_\_\_\_

**or** Laboratory evidence of immunity for MMR (attach blood test reports)  
***Important Note:** If the laboratory blood tests result is non-immunity/indeterminate/non-reactive, student must get the 1<sup>st</sup> dose. Four to six weeks after the 1<sup>st</sup> dose, a lab blood test must be done. If the lab blood test result of Dose#1 is either negative or positive, a 2<sup>nd</sup> Dose is required.*

**Healthcare Professional Signature:** \_\_\_\_\_

**2. Varicella (Chicken Pox)-(Mandatory)**

**One of the following is acceptable as proof of immunity:**

A known history of chicken pox or shingles-**HCP signature:** \_\_\_\_\_  
 if no known history or history unclear, one of the following must be provided:

Documentation of 2 chicken pox vaccines, given at least 4 weeks apart  
**1<sup>st</sup> Dose Date:** \_\_\_\_\_ **2<sup>nd</sup> Dose Date:** \_\_\_\_\_  
***Important Note:** Student must receive and submit 1<sup>st</sup> & 2<sup>nd</sup> doses before the deadline, in order to be stamped cleared and eligible for placement*

**Healthcare Professional Signature:** \_\_\_\_\_

**or** Laboratory evidence of immunity for Varicella (attach blood test reports)  
***Important Note:** If the laboratory blood tests result is non-immunity/indeterminate/non-reactive, student must get the 1<sup>st</sup> dose. Four to six weeks after the 1<sup>st</sup> dose, a lab blood test must be done. If the lab blood test result of Dose#1 is either negative or positive, a 2<sup>nd</sup> Dose is required.*

Name:	ID#:	
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IMMUNIZATION RECORD/YELLOW CARD REQUIRED	DATE GIVEN
<u>PERTUSSIS (once as an adult/adolescent)</u> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>Important Note:</b> If the student has not received Pertussis as an adult or adolescent, they require an <b>ADACEL vaccination.</b> </div>	
<u>TETANUS &amp; DIPHTHERIA (valid every 10 years)</u> <u>SEASONAL FLU SHOT (recommended every Nov/Dec)</u>	
<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>Important Note:</b> Don't worry about the flu shot record during the spring/summer season. You can submit proof of record in Nov/Dec.         </div>	

**HEPATITIS B (Mandatory)**

Documentation of Hepatitis B vaccination Series:

1<sup>st</sup> Dose Date: \_\_\_\_\_ 2<sup>nd</sup> Dose Date: \_\_\_\_\_  
 (one month after Dose#1)

3<sup>rd</sup> Dose Date: \_\_\_\_\_  
 (6 months after Dose#1)

**Important Note:** Student **must** submit at least **1<sup>st</sup> & 2<sup>nd</sup> doses** before the deadline, in order to be stamped cleared and eligible for placement

**Healthcare Professional Signature:**

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**or** Laboratory evidence of immunity (attach blood test reports)

**Important Note:** If the student laboratory blood test result is **Low (1-10) or negative**, student must received and submit at least 4<sup>th</sup> & 5<sup>th</sup> Doses in order to be stamped cleared and eligible for placement.

4<sup>th</sup> Dose Date Given: \_\_\_\_\_ (4-6 weeks after Dose#4, a lab test report is required)

5<sup>th</sup> Dose Date Given: \_\_\_\_\_ (If the lab test result from Dose#4, is either **negative/positive** Dose#5 is required )

**Healthcare Professional Signature:**

2-STEP TUBERCULOSIS SKIN TEST (Mandatory)					
2-Step TB Skin Test (Mandatory)	Previous Record Date Given (if any)	Previous Date Result: Induration in MM	Current Date Given	Current Date Read (48-72 hrs after date given)	Current Result: Induration in MM
Step 1 Skin Test-(Annual)					
Step 2 Skin Test-(7-21 days after step 1)					
<b>If the TB skin test result is POSITIVE (10 mm or more induration), please evaluate as follows:</b>					
1. Chest X-ray (ATTACH COPY OF X-RAY RESULTS)		Result:		Date:	
2. History of disease?		Yes or No		Date:	
3. Prior history of BCG vaccination?		Yes or No		Date:	
4. Does this student have signs and symptoms of active TB on physical examination?		Yes or No			
5. INH Prophylaxis?		Yes or No		Date:	Dosage: Duration:
6. Specialist Referred?		Yes or No			

**Signature of Healthcare Professional:** If you have documented on these forms, please sign and stamp below:

\_\_\_\_\_ (Healthcare Professional)
 \_\_\_\_\_ (Date)
 \_\_\_\_\_ (Stamp)

### Additional Requirements (Mandatory)

As of September 1<sup>st</sup>, 2011, you will **PAY** both the **visit and/or mask fit test fees** for every scheduled appointment at Paramed


<b>Student Name:</b>	
<b>Student ID#:</b>	

Additional Requirements	Issued Date (Student Complete)	Expiry Date (Student Complete)	Document Provided Y/N
<u>CPR Level-C</u> Certificate Card (see Step#5) ( must be valid annually)			
Mask Fit Test (see Step#6) (every 2 years)			

I \_\_\_\_\_ understand that any false  
**(Print Name)**  
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, or medical condition which may place me at risk or pose a risk to others at George Brown College or on placement. I authorize ParaMed to review the above information.

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 **(Student Signature)** **(Date)**

## George Brown College Agreement

**Student Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

### Declaration

I, \_\_\_\_\_ (print name) hereby declare that my signature below indicates that I have reviewed and understand the policies, procedures and I agree to abide by and be held accountable for:

- The policies and procedures of George Brown College, including the Student Code of Conduct during my tenure at the college including the time I spend at my field/clinical placement.
- As of September 1<sup>st</sup>, 2011, you will **PAY** both the **visit and/or mask fit test fees** for every scheduled appointment at Paramed
- Paying any additional service charge or fine at GBC effective May 1<sup>st</sup>, 2009



\_\_\_\_\_  
(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)

#### 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 well being of students and clients in their care.