



**Personal Support Worker Certificate-CARE 1061 Providing Optimal Support/Care Skills**  
**HEALTH FORM CHECKLIST**

(See health form pages 3-6 attached)

**Due Date:** Ask your Coordinator

**Medical Requirements (mandatory):**

- 1. Measles, Mumps, Rubella (MMR)
- 2. Varicella (Chicken Pox)
- 3. Tetanus, Diphtheria, Pertussis (Tdap)
- 4. Seasonal Flu Shot/H1N1 (annual)
- 5. Hepatitis B
- 6. Tuberculosis (2-Step Skin Test)
- 7. Health Care Provider/Doctor Signature & Stamp

**Additional Requirements (mandatory):**

- 8. Vulnerable-Sector Police Record Check (annual)
- 9. CPR Level-C Certificate (annual)
- 10. Mask Fit Test

**IMPORTANT ANNOUNCEMENTS**

**1. Students will be charged a fine 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
- If you are visiting ParaMed for a 3<sup>rd</sup> time and any returning visit per academic year

Should you incur this fine; the Pre-placement Health Services Office will send you a letter as a reminder. Please pay it directly in the Registration Office/Student Services Centre at your campus. Failure to pay this fine will result in a "**hold**" on your student account.

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.

**2. No further faxes accepted by ParaMed**

Effective January 7<sup>th</sup>, 2010, ParaMed will no longer accept faxed copies of student health form medical and non-medical documents due to the issues of confidentiality and authenticity (**with the exception of seasonal flu shot or H1N1 record**) . If you need to submit new or additional documents, you must schedule another appointment through the ParaMed web site

## PSW Certificate-(CARE 1061)

### **IMPORTANT STEPS TO FOLLOW**

**You MUST complete these STEPS in this order and start the process immediately, since it will take you **6-8 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 CARE 1061-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-** If you need to apply or renew your **vulnerable sector police record check** and you currently reside in the Toronto Region, you must book an appointment to see Suzette Martinuzzi, in order to receive a Toronto Regional Police application form. Please bring two pieces of government photo ID at your scheduled appointment.
- Should you live in another region (such as [Peel](#), [Durham](#), [Halton](#), [York](#)) or other province, please check their website in how you can obtain their application form. The above police services will take up to **4-6 weeks** to process your application.

- Step 5-** 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 6-** Once you completed Steps#1-5, you will need to create an account and book an appointment with [ParaMed](#), the College Occupational Health Nurse/Registered Nurse provider to submit your healthform 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).

- Step 7-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 8-** 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. 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**.

- Step 9-** 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 (2010-2011)</b>	
<b>Program:</b>	Personal Support Worker Certificate
<b>Course:</b>	CARE 1061-Providing Optimal Support
<b>Due Date:</b> (Ask your Coordinator)	

For ParaMed Use Only
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<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 sections 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:** \_\_\_\_\_  
**HCP Signature:** \_\_\_\_\_

**or** Laboratory evidence of immunity for MMR (attach blood test reports)  
 If the Laboratory blood test result is indeterminate/non-reactive, after the 1<sup>st</sup> MMR dose, a 2<sup>nd</sup> MMR dose is required.  
**HCP 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:** \_\_\_\_\_  
**HCP Signature:** \_\_\_\_\_

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



<b>Name:</b> _____	<b>ID#:</b> _____
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<b>Vaccinations/Immunization Record Or Yellow Card Required (Mandatory)</b>	<b>Date Given</b>
Tetanus, Diphtheria ( <i>valid every 10 years</i> )	
Pertussis ( <i>once as an adult/adolescent (if the student has not received Pertussis, they require Adacel vaccination)</i> )	
Seasonal Flu shot/H1N1 ( <i>recommended every fall/winter</i> )	SFS Date: _____ H1N1 Date: _____

**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)**  
**HCP Signature:** \_\_\_\_\_

or Laboratory evidence of immunity (attach blood test reports)  
 If the Laboratory blood test result is Low (1-10) or negative, a *booster* is required.  
**4<sup>th</sup> Booster Dose Date given:** \_\_\_\_\_ (Month/Day/ Year)  
**HCP Signature:** \_\_\_\_\_

<b>2-Step Tuberculosis Skin Test (Mandatory)</b>				
<b>2-Step TB Skin Test (Mandatory)</b>	<b>Previous Record Date Given (if any)</b>	<b>Current Date Given</b>	<b>Date Read (48-72 hrs after date given)</b>	<b>Result: Induration in MM</b>
<i>Step 1 Skin Test (Annual)</i>				
<i>Step 2 Skin Test (7-21 days after step 1)</i>				
<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 report)	<b>Result:</b>		<b>Date:</b>	
2. History of disease?	<b>Yes or No</b>		<b>Date:</b>	
3. Prior history of BCG vaccination?	<b>Yes or No</b>		<b>Date:</b>	
4. Does this student have signs and symptoms of active TB on physical examination?	<b>Yes or No</b>			
5. INH Prophylaxis?	<b>Yes or No</b>		<b>Date:</b>	<b>Dosage: Duration:</b>
6. Specialist Referred?	<b>Yes or No</b>			

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

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



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

**Additional Requirements (Mandatory)**

(Must submit to ParaMed before the due date)

<b>Additional Requirements</b>	<b>Date Issued</b>	<b>Expiry Date</b>	<b>Document Provided Y/N</b>
Vulnerable Sector Police Record Check (see Step#4) (must be valid annually)			
<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.

\_\_\_\_\_  
**(Student Signature)**

\_\_\_\_\_  
**(Date)**



## George Brown College Agreement

(Must submit to ParaMed before the due date)

**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.
- 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.