



George Brown College Continuing Education Clinical Pre-placement Health Form

Working with Dementia Clients (Multidiscipline) Certificate

IMPORTANT ANNOUNCEMENT

1. Effective January 2010, students will be charged a new \$41.20 fine if you:

- missed any ParaMed appointment (**without 24 hours notice**)
- show up for your scheduled ParaMed appointment **without your pre-placement health form** or **with a form that is not complete or is not signed and stamped by the doctor or physician**
- show up for your next scheduled follow-up ParaMed appointment **without the new documentation** or information indicated as required in the deficiency list form that was originally provided to you by the occupational health nurse

Should you incur this fine; the Pre-placement Health Services office will send you a letter as a reminder. Please pay the fine at one of the Student Services Centres. Failure to pay this fine will result in a **hold** on your student account.

To avoid this charge, ensure you have completed all the medical and non-medical requirements on the health form before you go to your scheduled appointment(s).

2. To cancel your scheduled appointments with ParaMed:

- ❖ As of December 2009, you can now give a **24 hours notice** to cancel your own appointments with ParaMed online at www.georgebrownhealth.ca. Please note that you are no longer required to call ParaMed to cancel your appointment.



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Working with Dementia Clients (Multidiscipline) Certificate Important Steps to Follow

Note: You **MUST** complete these steps in this order. You should start this process immediately since it may take **6 to 8 weeks** to complete.

1. Ensure that you are registered in your program and that you have paid the tuition fee for the clinical/field placement in full. Find out from your George Brown College program co-ordinator what the deadline is for submitting your completed health form and supporting documents. **You will be excluded from clinical/field placement if you fail to have the proper health form and supporting documents completed and submitted by the deadline.**
2. Download and read carefully your health form and the [General Information Guide](#), which is available at <http://coned.georgebrown.ca/healthform>
3. [For medical requirements](#), make an appointment with your doctor/health care provider to complete the medical requirements of this health form. (If you do not have a doctor/health care provider, you can visit any walk-in clinic available.) It is your responsibility to ensure that your health form is completed properly and signed by your doctor/health care provider **BEFORE** you complete **step #5**. If you are unable to receive the required immunization(s) for medical reasons, your doctor/health care provider must include a detailed explanation for this exclusion. The cost of completing the requirements must be paid by you.
4. Complete and submit a Vulnerable Sector Police Record Check application form through [Ontario Education Services Corporation \(OESC\)](#), which is available at <http://coned.georgebrown.ca/healthform>
5. [Create an account and book an appointment](#) with the ParaMed occupational health nurse using the on-line service at www.georgebrownhealth.ca (No walk-in visits allowed.) **You must have completed steps #1 to #4 BEFORE** you can make an appointment with ParaMed. Download the ParaMed e-mail confirmation instruction sheet to confirm their location, your appointment date and time and the requirements. If you have problems booking on-line or have forgotten your password, call the ParaMed help desk at 1-866-289-8784, or contact Suzette Martinuzzi, Pre-placement Health Services Co-ordinator, at 416-415-5000, ext. 3415, or smartinu@georgebrown.ca
6. Make photocopies of your completed health form and all supporting documents (e.g., laboratory results, police record check). Bring the originals **AND** the copy with you to the appointment with the occupational health nurse. The occupational health nurse will review your health form information and supporting documents during your appointment and will complete and stamp both the originals and the copy. You keep the originals, and ParaMed keeps the copy.
7. As of December 2009, you can now give a **24 hours notice** to cancel your appointment with ParaMed online at www.georgebrownhealth.ca. **Failure to do so will result in a \$41.20 dollar fine.** Please note that you are no longer required to call ParaMed to cancel your appointment.
8. ParaMed will indicate whether your health form is “cleared” or “incomplete” on their web site at www.georgebrownhealth.ca You can log on using your Student ID number and password to view this information. Your program co-ordinator will also access this information in order to determine whether or not to arrange your clinical/field placement.
9. If you have any questions contact Suzette Martinuzzi, Pre-placement Health Services Co-ordinator, at 416-415-5000, ext. 3415, or smartinu@georgebrown.ca. Our office is located at 200 King St. East, Rm. 116, First Aid Office. Hours of operation 8 am-4pm. By appointment only



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Program:	Working with Dementia Clients (Multidiscipline) Certificate	For Official Use Only
Course:	CARE 9043 (Working with Dementia Clients Field Placement)	
DEADLINE: <i>(ask your co-ordinator)</i>	<i>(Must submit to ParaMed before the due date)</i>	

Last Name:			
First Name:			
Student ID:		Phone:	
E-mail:			

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 and laboratory blood test results.** Immunization requirements listed before each sections follow the standards outlined in the Canadian Immunization Guide, 6th 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. Failure to complete & submit the health form by the deadline will **exclude** students from their clinical/field placement and therefore unable to proceed to the next semester.

Communicable Disease	Date of Vaccination <i>(yellow card record required)</i>
<u>Influenza (flu shot)</u> <i>(students will submit evidence of vaccination in Oct/Nov)</i>	

2 Step- TB Skin Test (Mantoux) (Mandatory)	Date of Test	Date Read (48 to 72 hours from testing)	Result: Duration in mm*
<u>Step #1 (annual)</u>			
<u>Step #2 (7 to 21 days after step #1)</u>			

***If either step is positive (10 mm or more in duration), please evaluate as follows:**

- Chest X-ray Date: _____ Results: _____
MANDATORY: Attach copy of X-ray report
- Does the student have a history of the disease? () No () Yes Date: _____
- Does the student have a prior history of BCG vaccination? () No () Yes Date: _____
- Does this student have signs and symptoms of active TB on physical examination? () No () Yes
- Was INH prophylaxis used? () No () Yes Dosage: _____ Duration: _____
- Has the student been referred to a specialist? () No () Yes

Is this student fit to attend clinical/field placement? () No () Yes

(Signature & Stamp of Doctor/Health Care Provider) (Date)

If you have any questions about this health form, please contact the ParaMed occupational health nurse at 416-977-5008.

Student Name:	Student ID:
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NON-MEDICAL REQUIREMENTS – MANDATORY

(Must submit to ParaMed before the deadline)

Non-medical Requirement	Date Issued	Expiry Date	Document Provided? (Y/N)
<u>Vulnerable sector police record check</u> <i>(annual, see step#4)</i>			

I, _____ (*print name of student*), 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 diseases, special needs or medical conditions that may place me at risk or may pose a risk to others at George Brown College or on placement.

I authorize ParaMed to review the above information.

(Student's 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 that provide clinical experience for students. The information is used to ensure the safety and well-being of students and the clients in their care.



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George Brown College Agreement

Program:	Working with Dementia Clients (Multidiscipline) Certificate
Last Name:	
First Name:	

Declaration

I, _____ (*print name of student*), hereby declare that I have reviewed and understand the policies, procedures and expectations of _____ (*print name of host agency*) with respect to my placement.

My signature below indicates that I agree to abide by and be held accountable for the following:

- 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 clinical/field placement
- the policies and practices of my program as they relate to my clinical/field placement
- the requirement to complete my clinical pre-placement health form prior to placement
- the policies, procedures and expectations of my host agency, including confidentiality

(Student's signature)

(Date)

Element of Risk

All experiential learning programs, such as field trips, clinical/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 an experiential learning program, 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.**

(Student's signature)

(Date)