

November 11, 2011

Dear Continuing Education Student:

**RE: CLINICAL PRE-PLACEMENT HEALTH FORM REQUIREMENTS**

Congratulations on your acceptance into the program! As you read in our Continuing Education Calendar under program description; there are medical health form, CPR Certificate and mask fit test requirements that you mandatory need to complete and submit to ParaMed prior to the **deadline specified by your Academic Coordinator**.

George Brown College developed this policy to meet the requirements of our placement agency partners such as hospitals, school boards and other health care institutions. This process is very important to ensure that you are free from and protected against communicable and infectious disease and to protect the health and safety of the patients, visitors, employees, and other vulnerable people that you will be working with at the placement setting.

You must start the health form and vulnerable sector police check requirements immediately as it will take **10 to 12 weeks** to complete. Please carefully read through all of the important health form documents attached, and see the **"Important to Follow Sheet"** for further instructions in how you can successfully complete your health form.

Once all of your mandatory health form and additional requirements have been met, you must complete the **"My Health Form Checklist"** to make sure you have everything done before you book an appointment with ParaMed on their website at [www.georgebrownhealth.ca](http://www.georgebrownhealth.ca)

George Brown College has retained the services of Registered Nurses through ParaMed Extendicare. ParaMed provides a counseling service that reviews the confidential Clinical Pre-placement Health Form and supporting documents for all of our Community Services and Health Sciences (CSHS) students. This ensures they are cleared from the academic program requirements and eligible to attend clinical or field placement. The costs associated to complete all the health form requirements and Paramed services fees are to be borne by the student.

If you fail to submit all of your health form documents to ParaMed **prior to the deadline**, you will be **excluded from being eligible** to attend placement and it may jeopardize your eligibility to continue into the program.

Should you have any questions or would like to book an appointment, please do not hesitate to contact Suzette Martinuzzi, Clinical Pre-placement Coordinator at (416) 415-5000 ext. 3415 or via email [coffice@georgebrown.ca](mailto:coffice@georgebrown.ca) . The Clinical Pre-placement Office is located at 200 King St. East, Building "A", Room 401B, 4<sup>th</sup> Floor, St. James Campus. Hours of operation: 8:00 am to 3:30 pm. By appointment only

Thank you.

Suzette Martinuzzi, Coordinator

## Dental Assistant Level II Upgrade Certificate

### DENT 9206 (Part I – Intra-oral Theory and Concepts)

**(2012-2013 Intake)**

**Clinical Pre-placement Health Form Deadline: Ask your Coordinator**

**ParaMed Fees:** Student will pay for **both** the visit and mask fit test fees for every scheduled appointment at ParaMed.



Don't Miss **MY HEALTH FORM CHECKLIST**





(Complete this checklist to make sure you have everything done before you book an appointment with Paramed)

**Section A: Medical Requirements-Communicable Disease (Mandatory)**

- 1. Measles, Mumps, Rubella (MMR)-(attach copies of all three laboratory blood test/titre reports, see pg. 4)
- 2. Varicella (Chicken Pox)-(attach a copy of laboratory blood test/titre report, see pg. 4)
- 3. Pertussis-(attach yellow immunization card or immunization record, see pg. 5)
- 4. Tetanus, Diphtheria (Td)-(attach yellow immunization card or immunization record, see pg. 5)
- 5. Seasonal Flu Shot-(recommended, annually, see pg. 5)
- 6. Hepatitis B-(attach a copy of laboratory blood test/titre report, see pg. 5)
- 7. 2-Step Tuberculosis Skin Test-(attach yellow immunization card or immunization record and/or documented proof of previous 2 Step TB Skin Test/Date Given, Date Read, Result of both Step 1 & 2. For TB Skin Test Positive result you must ATTACH a copy of the Chest X-ray report/result, see pg. 5)
- 8. Final Signature & Stamp of Healthcare Professional (see pg. 5)

**Section B: Additional Requirements (Mandatory)-** Please bring all valid certification at your scheduled appointment to ParaMed

- 9. CPR **Level-C** Certificate Card (must be valid every year, see pg. 6)
- 10. Mask Fit Test Certificate Card (must be valid every two years, see pg. 6)-Paramed will do the mask fit test for you at your scheduled appointment
- 11. ParaMed and George Brown College Agreement Form (see pg. 6 & 7)

 <b>PARAMED SERVICE FEES &amp; FINE</b> (from June 1 <sup>st</sup> , 2011 to May 31 <sup>st</sup> , 2012)	 <b>PARAMED SERVICE FEES &amp; FINE</b> (from June 1 <sup>st</sup> , 2012 to May 31 <sup>st</sup> , 2013)
Students will pay a fee for both the visit and the mask fit test when you come for your appointment at ParaMed: <ul style="list-style-type: none"> <li>Initial Visit Fee - \$49.40</li> <li>Subsequent Visit (due to a deficiency) - \$21.80</li> <li>Cancelled or Missed Appointment Fine-\$49.40 (without 24 hours notice)</li> <li>Mask Fit Test - \$37.55</li> <li>Photocopies - \$3.00/sheet</li> </ul>	Students will pay a fee for both the visit and the mask fit test when you come for your appointment at ParaMed: <ul style="list-style-type: none"> <li>Initial Visit Fee - \$50.90</li> <li>Subsequent Visit (due to a deficiency) - \$22.25</li> <li>Cancelled or Missed Appointment Fine-\$50.90 (without 24 hours notice)</li> <li>Mask Fit Test - \$38.75</li> <li>Photocopies - \$3.00/sheet</li> </ul>
*ALL PRICES INCLUDE HST WHERE APPLICABLE	*ALL PRICES INCLUDE HST WHERE APPLICABLE

**Dental Assistant Level II Upgrade Certificate  
DENT 9206 (Part I – Intra-oral Theory and Concepts)**

**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 or full tuition fee or deferral 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 Dental Assistant Level II Upgrade Clinical Pre-Placement Health Form requirements and due date.

**Step 3**- For medical requirements such as laboratory blood test results and immunization, make an appointment with your doctor/health care provider (*see pg. 4 & 5*). 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. For more information, download the [Medical Health Requirements](#) document.

**Step 5**- Ensure that your **CPR Level-C** certification is valid every year **for Step 6**. You may take the above courses with any [Workplace Safety and Insurance Board \(WSIB\) approved first aid trainers](#). (*see pg. 6*)

**Step 6**- [Mask Fit Test will be done at your scheduled appointment with ParaMed](#). Please do not eat, drink or chew gum at least 20 minutes before your test and you must be clean shaven. (*see pg. 6*)

**Step 7**- Once you completed Steps 1-5 and filled out and signed the GBC and Paramed Agreement Form, you must [create an account and book an appointment](#) with ParaMed online at [www.georgebrownhealth.ca](http://www.georgebrownhealth.ca) . You must submit payment along with your completed and confidential health form at your scheduled appointment. (**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 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 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.

**Full-Time Program (2012-2013 Intake)**  
**Clinical Pre-Placement Health Form**  
**Certificate:** DENT 9206-Dental Assistant Level II Upgrade  
**Deadline:** Ask your coordinator  
**ParaMed fees:** Student will pay for **both** the visit and mask  
 Fit test fees for every scheduled appointment at ParaMed



<b>Last Name:</b>			
<b>First Name:</b>			
<b>Student ID#:</b>		<b>Tel#</b>	
<b>Email:</b>			

	<b>MEDICAL REQUIREMENTS-COMMUNICABLE DISEASE-(MANDATORY)</b> (For your physician/doctor/healthcare professional to complete and sign)
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**1) MEASLES, MUMPS, RUBELLA (MMR)-Laboratory Result must read "Reactive"**

**Mandatory Requirement: ATTACH** copies for all three of laboratory blood test reports



**Important Info to Healthcare Professional: MMR "Non-Reactive or Indeterminate" Result**  
 If the initial MMR laboratory blood tests report indicates "non-reactive or indeterminate result", it is **mandatory** that the student receive the following booster dose and repeat laboratory blood test as outlined below:

→ **1<sup>st</sup> MMR Booster Dose Date:** \_\_\_\_\_ (if the 1<sup>st</sup> MMR dose is given, repeat lab blood test in 4-6 weeks and submit a copy of the lab result to ParaMed)

→ **2<sup>nd</sup> MMR Booster Dose Date:** \_\_\_\_\_ (if the repeated laboratory tests result **still** indicates "non-reactive/indeterminate", a 2<sup>nd</sup> booster shot is required. No further blood test is required.)



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

**2) VARICELLA (CHICKEN POX)-Laboratory Result must read "Reactive"**

**Mandatory Requirement: ATTACH** a copy of the initial Varicella laboratory blood test report



**Important Info to Healthcare Professional: Varicella "Non-Reactive or Indeterminate" Result**  
 If the initial Varicella laboratory blood tests report indicates "non-reactive results" require 2 doses of the Varivax or an "indeterminate" result requires 1 dose of the Varivax. It is **mandatory** that the student receive the following booster dose and repeat laboratory blood test as outlined below:





→ **1<sup>st</sup> Varicella Booster Dose Date:** \_\_\_\_\_ (if the 1<sup>st</sup> Varicella dose is given, repeat lab blood test in 4-6 weeks and submit a copy of the lab result to ParaMed)

→ **2<sup>nd</sup> Varicella Booster Dose Date:** \_\_\_\_\_ (if the repeated laboratory tests result **still** indicates "non-reactive/indeterminate", a 2<sup>nd</sup> booster shot is required. No further blood test is required.)




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

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_




 <p><b>IMMUNIZATION RECORD/YELLOW CARD REQUIRED</b> (For your doctor/health care provider to complete and sign)</p>	 <p><b>DATE GIVEN</b></p>
<p><b>3) PERTUSSIS</b> (once as an adult/adolescent)</p> <p> <b>Important Info:</b> If the student has not received Pertussis as an adult or adolescent, they require an <b>ADACEL Vaccination</b>.</p>	
<p><b>4) TETANUS, DIPHTHERIA (Td)</b> (must be valid every 10 years)</p>	
<p><b>5) SEASONAL FLU SHOT</b> (recommended every Nov/Dec)</p> <p> <b>Important Info:</b> Don't worry about the flu shot at this time; you may submit your completed health form documents to ParaMed <u>even without</u> the flu shot record. You may submit proof of flu shot record later on.</p>	

**6) HEPATITIS B-Laboratory Result must read "Positive (Pos) or greater than 10"**


Mandatory Requirement: **ATTACH** a copy of the initial Hep B laboratory blood test report



 **Important Info to Healthcare Professional: "Negative" or less than 10 Laboratory Result**  
If the initial laboratory blood test result is negative/less than 10 iu/ml, it is mandatory that the student receive the booster dose and repeat laboratory blood test as outlined below:


- **1<sup>st</sup> Hepatitis B Booster Dose Date:** \_\_\_\_\_ (if the 1<sup>st</sup> Hep B dose is given, repeat lab blood test in 4-6 weeks and submit a copy of the lab result to ParaMed)
- **2<sup>nd</sup> Hepatitis B Booster Dose Date:** \_\_\_\_\_ (If the repeated laboratory tests result **still** indicates "negative/less than 10, a 2<sup>nd</sup> booster dose is required. No further blood test is required.)


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

**7) 2-STEP TUBERCULOSIS SKIN TEST (Mandatory)**

 Attach yellow immunization card and/or immunization record and/or documented proof of previous 2-Step TB Skin Test/Date Given, Date Read, Result of both Step 1 & 2. For TB Skin Test Positive result you must ATTACH a copy of the Chest X-ray)

2-Step TB Skin Test (Mandatory)	PREVIOUS 2-Step skin test record Date Given (If any)	CURRENT 2-Step skin test Date Given	DATE READ (48-72 hrs after date given)	RESULT Induration in MM
  <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 <u>POSITIVE</u> (10 mm or more induration), PLEASE ANSWER No# 2-6 BELOW:</b>				
<b>1. Chest X-ray (ATTACH A COPY OF THE REPORT)</b>	<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>			

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

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

**DENT 9206-Dental Assistant Level II  
Additional Requirements (Mandatory)**  
(For student to complete prior to ParaMed visit)

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

<b>Additional Requirements (Mandatory)</b> (Student complete prior to ParaMed visit)	<b>Issued Date</b> (Student complete prior to ParaMed visit)	<b>Expiry Date</b> (Student complete prior to ParaMed visit)	<b>Document Provided</b> <b>Yes/No</b>
<b>8) CPR <b>Level-C</b> Certificate Card</b> ( must be valid <b>EVERY YEAR</b> )			
<b>9) Mask Fit Test Certificate Card</b> (must be valid <b>EVERY TWO YEARS</b> )  ParaMed will do the mask fit test for you at your scheduled appointment			
<p><b>Don't Miss:</b> After you completed pages 3-7, you must complete <b>the "My health form Checklist"</b> to make sure you have everything done with the <b>exemption of Flu shot and Mask Fit Test</b> before you book an appointment with Paramed. Then, turn to page 2 and read on Step#7, 8 &amp; 9 for more important information.</p>			

**ParaMed Agreement**

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, 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 Form

**(For student to complete prior to ParaMed visit)**



Name: \_\_\_\_\_

Program: \_\_\_\_\_

**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, all new students will pay a fee for both the appointment and the mask fit test when you come for your appointment at ParaMed.
- Paying a fine or any additional service charge at ParaMed effective June 1<sup>st</sup>, 2011.



\_\_\_\_\_  
**(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.

