

(C133) Child & Youth Worker Program-2nd year Returning Semester 3 & 4 students in Fall Term 2024

- According to the Child and Youth Care Program Guidelines and Affiliation Agreement with the placement agency partners for your program, all Returning 2nd year students who will be assign an in-person placement in Fall Term 2024, are mandatory required to complete and submit a Prerequisite Form which includes all the medical, COVID-19 vaccination and non-medical requirements by the **given deadline on July 31, 2024 (no late submission will be accepted after this deadline)**. These preclinical requirements will take **about a month** to complete, and it is recommended that you provide enough time for the approval process.
- Once you have gathered all the necessary documents, you will need to create an account, submit and upload all documents, certificates to the [ParaMed Placement Pass website](https://georgebrowncollege.placementpass.ca/) by the **given deadline on July 31, 2024 (no late submission will be accepted after this deadline)**. A link to the portal can be found at <https://georgebrowncollege.placementpass.ca/>
- If you **fail** to do so, the ParaMed portal will be **closed, and no late submission will be accepted** and you will be **excluded** from field practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- All costs, service fees and fines associated with the overall medical and additional requirements are responsibility of the student.

Below is a summary of all requirements that must be provided in your submission. Please read and follow all the instructions carefully:

Medical Requirements

- All students must provide proof of current immunization records, blood test reports and health status. Book an appointment with your doctor/walk-in clinic and bring the Prerequisites Health form with you to document receipt of the following - TDAP, MMR, Varicella, Hep B, Two Step TB Skin Test mandatory requirements. For more information, visit <https://www.georgebrown.ca/current-students/preplacement/forms/school-of-social-and-community-services-forms>
- **COVID-19 two doses vaccination (strongly recommended):** 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.
- If you are **unvaccinated to COVID-19**, please book an appointment with us to further discuss how this will affect your academic and placement standing in the program.
- **Seasonal Flu Shot (recommended only)** please do not worry about the flu shot at this time, if you have everything completed except your new flu shot record, you may submit your health form documents to the Paramed portal by the given deadline.

Vulnerable Sector Check (renew every year)

- All students must provide proof of a clear vulnerable sector police check that is valid every year. If you live in **Toronto region with a postal code that start with letter the “M”**, the Clinical Placement Office will send you the Toronto Police application form and instructions sheet to your email account.
- If you live in another region such as Durham, Halton, Hamilton, Peel, York or Out of Province, you will need to apply for your VSC at your specific regional police service website. For more information, visit this link <https://www.georgebrown.ca/current-students/preplacement/additional-requirements/police-vulnerable-sector-check>
- If you have **any history of criminal record or not clear VSC record**, please book an appointment with us to further discuss how this will affect your academic and placement standing in the program.

Standard First Aid & CPR level C Certificate (renew every three years)

- All students must have a current SFA & CPR level C certificate in order to participate in practicum. Please register for this course at any WSIB Approved First Aid Trainers, for more information visit this link <https://www.georgebrown.ca/current-students/preplacement/additional-requirements/certificates>

CONTACT US

Suzette Martinuzzi, Preplacement Coordinator

Sally Horsfall Eaton School of Nursing, Clinical Placement Office

George Brown College

Tel#: (416) 415-5000 ext. 3415

Email: smartinu@georgebrown.ca or CPOHealthForm@georgebrown.ca

Business Hours:

Monday-Wednesday (9:00 am-4:00 pm): 51 Dockside Drive, Room 702, 7th Floor, Waterfront Campus,

Thursday-Friday (9:00 am-4:00 pm): 200 King Street East, Room 401B, 4th Floor, Main Building A, St. James campus,

(C133) Child & Youth Care Program

2nd year Returning Semester 3 & 4 students (Fall Term 2024)

Submission Deadline: July 31, 2024 (no late submission will be accepted after this deadline)

MEDICAL REQUIREMENTS CHECKLIST (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 1-6

- Tetanus, Diphtheria & Pertussis (*Tdap/ADACEL must be valid every 10 years*) & attach yellow card/immunization record
- COVID-19 vaccination doses (**strongly recommended**) If you are **unvaccinated to COVID-19**, please book an appointment with us to further discuss how this will affect your academic and placement standing in the program.
- Seasonal Flu Shot (*recommended only*)
- Measles, Mumps & Rubella (*documentation of two doses of MMR vaccine OR laboratory evidence of immunity*)
- Varicella (*documentation of two doses of Varivax vaccine OR laboratory evidence of immunity*)
- Hepatitis B (*ask your doctor to do blood test, ATTACH copies of blood test reports and all immunization records*)
- Two Consecutive Step Tuberculosis Skin Test
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

ADDITIONAL REQUIREMENTS CHECKLIST (mandatory)

Please read all detailed instructions on pages 1-6.

- Vulnerable Sector Check (*renew every year*) if you have **any history of criminal record or not clear VSC record**, please book an appointment with us to further discuss how this will affect your academic and placement standing in the program.
- Standard First Aid and CPR level C Certificate (*renew every three years*)
- [ParaMed Placement Pass](#) Service Fees
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form

PARAMED PLACEMENT PASS SERVICE FEES (rates are subject to change without further notice)

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

(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

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**(C133) CHILD & YOUTH CARE PROGRAM
2nd YEAR RETURNING STUDENT- PREREQUISITES HEALTH FORM (FALL TERM 2024)**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

Submission deadline: July 31, 2024 (no late submission will be accepted after this deadline)

**MEDICAL REQUIREMENTS (mandatory)
(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. Check out the **YouTube Tutorial Videos** for all the Medical and Non-Medical requirements at <https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKQP91w>

1. **TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel vaccine must be valid every 10 years) attach a yellow card or any immunization record.**

Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix) booster ____/____/____(mm/dd/yyyy)

2. **COVID-19 VACCINE (strongly recommended and attach proof of QR record)**

1st dose Given Date ____/____/____(mm/dd/yyyy)

2nd dose Given Date ____/____/____(mm/dd/yyyy)

Proof of approved [exemption](#) status

3. **SEASONAL FLU SHOT (recommended every year in November/December)**

Seasonal Flu Shot Given Date ____/____/____(mm / dd / yyyy) (attach proof of record)

4. **MEASLES, MUMPS, RUBELLA (MMR) (Two doses vaccine OR laboratory evidence of immunity)**

Documentation of receipt of two doses of MMR vaccine on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd Dose date ____/____/____
mm/ dd / yyyy

OR

Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, **no** booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

5. **VARICELLA (CHICKEN POX) (Two doses vaccine OR laboratory evidence of immunity)**

Documentation of receipt of two doses of Varivax vaccine on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd Dose date ____/____/____
mm/ dd / yyyy

OR

Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, **no** booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

Final Signature of doctor/physician/health care professional _____ **(pg. 3)**

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ **(pg. 3)**

George Brown College & ParaMed Agreement Form

Name _____

Program: (C133) Child & Youth Care- 2nd YEAR Returning

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
 Business Hours: Monday to Friday, 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.