

Full-Time Program: (S100) Dental Technology (Fall Term 2024) 3rd Year students: Semester 5 & 6 Full Prerequisites Form deadline: August 9, 2024

3RD YEAR RETURNING STUDENT CHECKLIST & ACTION REQUIRED

- Important Notice: If you are planning to continue your studies in this program, it is your responsibility to start and meet all the Health Form requirements outlined below. If you fail to complete, submit, and upload these requirements to Placement Pass by ParaMed by the given deadline, you will be excluded from dental clinical practice which can jeopardize your academic standing & lead to program withdrawal. All costs, service fees and fine associated with the overall medical and additional requirements are responsibility of the student.
- Even if you have graduated to another Dental or Health Sciences program either at George Brown College or from another college/university/institution and/or has experience working in any dental or health related profession, you are mandatory required to complete all the non-medical certificates below. If you fail to do so, you will be excluded from clinical/dental/field practice which can jeopardize your academic standing & may lead to program withdrawal.

MEDICAL REQUIREMENTS (mandatory except Flu Shot)

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 pgs. 2 & 3**

- Tetanus, Diphtheria & Pertussis (*Tdap/ADACEL must be valid every 10 years*) & attach yellow card/immunization record, pg. 2
- Seasonal Flu Shot (recommended every year in November or December) **pg. 2**
- Measles, Mumps & Rubella (documentation of two doses of MMR vaccine OR laboratory evidence of immunity) pg. 2
- □ Varicella (documentation of two doses of Varivax vaccine **OR** laboratory evidence of immunity), **pg. 2**
- Hepatitis B (ask your doctor to do blood test, ATTACH copies of blood test reports and all immunization records) pg. 3
- Two Consecutive Step Tuberculosis Skin Test, pg. 3
- ☐ Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp, *pages 2 & 3*

ADDITIONAL REQUIREMENTS (mandatory)

Please read all detailed instructions on pages 4-5

- CPR level C Certificate (renew every year and must be valid from Sept 2024-April 2025)
- Mask Fit Test Certificate (renew every two years and must be valid from Sept 2024-April 2025)
- □ ParaMed Service Fees
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form, pgs. 2-5

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 Health Form documents to **ParaMed Placement Pass** at <u>https://georgebrowncollege.placementpass.ca/</u> 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

CONTACT US

 Suzette Martinuzzi, Pre-placement Coordinator Telephone: (416) 415-5000 ext. 3415 Email: <u>smartinu@georgebrown.ca</u> Business Hours and Locations (Appointment only): Monday to Wednesday (9:00 am-4:00 pm) at 51 Dockside Drive, Room 702, 7th Floor, Waterfront campus, Toronto, ON M5A 0B6 Thursday to Friday (9:00 am-4:00 pm) at 200 King Street East, Main Building "A", 4th Floor, Room 401B, St. James



3RD YEAR (S100) DENTAL TECHNOLOGY PROGRAM FULL PREREQUISITES HEALTH FORM (FALL TERM 2024)

Name x		
GBC ID# x		
Tel x		
Email x		
Submission deadline:	August 9, 2024	

(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. Even if you have graduated to another Dental or Health Sciences program either in George Brown College or from another college/university/institution **and/or** has experience working in any dental or health related profession, you are mandatory required to complete all the non-medical certificates below. If you **fail** to do so, you will be **excluded** from clinical/dental/field practice which can jeopardize your academic standing & may lead to program **withdrawal**.

1. TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel/Boostrix 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. SEASONAL FLU SHOT (recommended every year in November/December)
 - Seasonal Flu Shot Given Date____/ ____(mm / dd / yyyy)
- 3. 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.

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.

4. 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 do	ictor/physician/health care professional	(pg. 2)
Date (mm/dd/yyyy): _	Medical Office Stamp:	(pg. 2)



NAME x

3RD YEAR (S100) DENTAL TECH-MEDICAL REQUIREMENTS (submission deadline on August 9, 2024) GBC ID# x

- 5. HEPATITIS B INSTRUCTION: All students must complete an initial "antibody immunity" laboratory blood test if previous Hep B vaccine was received. Ask your doctor to check the appropriate box, document the dates of any junior or adulthood vaccination record. Ask your doctor for a copy of laboratory blood test report and attach it on the form as outlined below.
 - Initial Immune/Reactive/Positive (> 10 U/L) "Anti-HBs or HBsAb" lab test result: NO injections or doses required, attach a copy of lab blood test report and this is done.
 - Initial Non-Immune/Non-Reactive/Negative/Low (>0 or <10 U/L) "Anti-HBs or HBsAb" lab test result: Student must proceed to П Section A & B as outlined below: After the student has completed a new 2nd dose, they will be given a temporary clearance to proceed to dental/field/clinical practice. Student is expected to complete the series and provide update on vaccination record per academic year. Section A-Primary Series (doctor must document any proof of junior or adulthood vaccination record)
 - 1st dose (mm/ dd / yyyy)
 - 2nd dose (mm/ dd / yyy)
 - 3rd dose (five months after 1st dose, repeat HBsAb lab test after four weeks) •
 - If the repeat HBsAb lab test result was "immune/reactive", it is done and attach a copy of lab test report. •

Section B-Second Series (doctor must document any proof of junior or adulthood vaccination record)

- 4th dose (mm/ dd / yyyy)
- 5th dose (mm/ dd / yyyy)
- (five months after 4th dose, repeat HBsAb lab test after four weeks) 6th dose
- If the lab test result is still "non-immune/non-reactive", student status will be considered a "non-responder/exemption".
- Carrier lab test result: NO injections or doses required and attach copy of most recent "HBsAg-Antigen Positive" blood test report.

TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (read and follow all instructions below) 6

- All students must complete and provide proof of Two Consecutive Step-TB Skin Test and we will NOT accept a Chest X-ray report only.
- Failure to do Step 2 TB within 7-21 days after Step 1, you will need to redo both TB Skin Test again and extra fees will apply.
- If you have proof of previous Two Consecutive Step-TB Skin Test done in the past and the result was both "Negative", do annual Step 1-TB Skin Test.
- If you have proof of previous Two Consecutive Step-TB Skin Test and the result was "Positive", NO more annual TB Skin Test and your doctor needs to do annual physical exam and answer letters (A-F) below.
- If you had BCG vaccination it is NOT a contraindication for skin test, you are still required to provide proof and complete a Two Step-TB skin test.
- It is mandatory that your doctor/health care professional properly complete, sign & stamp all the information outlined below. NO exceptions!

		F	REVIOUS YEAR: S	EP 1 TB SKIN TEST	1	
(Da	ate Given: mm / dd / yyyy)	/(Dat	e Read: 48-72 hours	after date given)	(Induration size) (mm)	
		PREVIOUS Y	EAR: STEP 2 TB SK	IN TEST (7-21 days after	Step-1)	
(Da	ate Given on opposite arm	n: mm / dd / yyyy	(Date Read: 48	-72 hours after date given)	(Induration size) (mm)	
			CURRENT YEAR: ST	EP 1 TB SKIN TEST	1	
(Da	ate Given: mm / dd / yyyy)	······································	(Date Read: 48	-72 hours after date given)	(Induration size) (mm)	
		CURRENT Y	EAR: STEP 2 TB SK	IN TEST (7-21 days after	Step 1)	
			1		1	
(Da	ate Given on opposite arm	n: mm / dd / yyyy	(Date Read: 48	-72 hours after date given)	(Induration size) (mm)	
a)	Chest X-ray (if TB Posit	tive only, ATTAC	H a copy of the X-ray	report valid within two yea		(mm/dd/yyyy)
b)	History of disease?	Yes or No	Date (mm/dd/y)	′уу)		
c)	Prior history of BCG vac	ccination (need o	locumentation? Yes o	r No Date (mm/d	ld/yyyy)	
d)	Does this student have	signs/symptoms	of active TB on physi	cal examination? Y	es or No	
e)	INH Prophylaxis (Treatr	ment)? Yes	or No Date	(mm/dd/yyyy)	Dosage	
f)	Specialist (Public Health	h) Referred?	Yes or No	Date (mm/dd/yyyy)		
l Sign	ature of doctor/ph	ysician/heal	th care profess	onal:		(pg. 3)
	/dd/yyyy):		Medical Offic	- Stown		(pg. 3)



3RD YEAR (S100) DENTAL TECHNOLOGY PROGRAM ADDITIONAL REQUIREMENTS (submission deadline on August 9, 2024)

NAME x	GBCID# x				
7.	CPR LEVEL C CERTIFICATE (renew every year and must be valid from Sept 2024-Apr 2025) You must register for CPR level C and it needs to be valid for the entire academic year. For the list of First Aid Approved Trainers, click here for more information or you can register at any First Aid Trainers available in your area and you can register for Blended class format, attached and upload your certificate to the Placement Pass by ParaMed.				
	CPR level -C Certificate				
	Issued Date / / / Expiry Date / / (one year after the issued date) mm / dd / yyyy				
8.	MASK FIT TEST CERTIFICATE (renew every two years and must be valid from Sept 2024-Apr 2025)				
	✓ You can get the qualitative mask fit test either from your workplace or go at Peak Excellence Shop Company and book an appointment on their website at <u>https://www.peakexcellenceshop.com/</u> . Please make sure that it is a 3M N95 model.				
	 If you live Outside Toronto region and/or Out of Province, you can get your 3M N95 Mask Fit test at any third-party company closer to your area. 				
	✓ All dental students must be tested and fitted for an appropriate qualitative mask (respirator).				
	 Certificate/card must clearly state the mask model, type, and size and always carry it during placement 				

MASK FIT TEST CERTIFICATE

□ Issued Date ___/_/ _____/ dd / yyyy

Expiry Date / / / (two years after the issued date) mm / dd / yyyy

FINAL STEP: Once you have everything completed, your final step is to create an account, submit and upload your Health Form documents to the **ParaMed Placement Pass website** at <u>https://georgebrowncollege.placementpass.ca/</u> by the given deadline. After this step, it is mandatory that you keep all your original health form documents and certificates, as you need to show this proof of records to your upcoming placement agency and for future reference.



George Brown College & ParaMed Agreement Form

Name x_____

Program: (S100) Dental Technology-3rd year in Fall Term 2024

I x_____ (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.

<u>×</u> (Signature)

(Date)

Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email <u>smartinu@georgebrown.ca</u> Virtual Business Hours: 9:00 am to 3:30 pm, by appointment only

FREEDOM OF INFORMATION ANDPROTECTION 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, Regulation77 and the Public Hospital Act R.S.O.1980 Chapter 410, R.S.O. 1986, Regulations65 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.