

Program Name :

SSW

Due Date:

Program Code (#)	0436AWO	Program Year	Year 2	Program Descriptor	Full Time
Student Last Name:		Student First Name:		Student I.D. Number:	
Home Phone:		Cell Phone:			
Email Address:		Residential Address:			

Bring to Your Health Care Provider Appointment

- This Form
- Yellow immunization card
- Other proof of immunization

Hint: From your local public health unit in the area that you lived when you received high school and elementary school immunizations.

Important - Please make sure this form is completed in all of the following sections:

Section "A": Mandatory Medical Requirements: Take this form to your primary health care provider (physician, nurse practitioner or registered nurse) to be completed.

Ask your health care provider to:

- Complete all of Section "A",
- Complete all shaded areas,
- Provide you with proof of immunization and/or lab blood results for identified sections,
- Sign and date at the end of the section.

Section "B": Non - Mandatory Medical Requirements: Must be completed by you, the student.

Section "C": Non - Medical Requirements: Must be completed by you, the student.

Section "D": Student Agreement: Must be completed by you, the student.

Section "E": Completed by Requisite Program Nurse.

**Complete the Checklist on the Last Page to Make Sure You Have Everything Before You
Make Your Appointment With the Requisite Nurse**



Section A: Medical Requirements – Mandatory

Instructions for Physician/Nurse Practitioner/ Registered Nurse: Please read carefully+A368

Thank you for your cooperation with the immunization process for our student registered in this program. For the protection of students, patients and external clients, students must provide documented proof of immunization. Immunization requirements listed before each section follow the standards outlined in the Canadian Immunization Guide, 7th Edition(2007), the Canadian Tuberculosis Standards (2007) and the OHA/OMA Ontario Hospitals Communicable Disease Surveillance Protocols. The required information with exact dates (yy/mm/dd) and signature for each requirement must be recorded directly on this Clinical Pre-placement Health Form in the shaded areas provided. Please also provide an attesting signature at the end of the form. Failure to complete in its entirety and submit this form by the required deadline, will exclude student from their clinical/field placement.

Please ensure you have reviewed, completed and signed the required shaded areas in Section A.

Tuberculosis Screening

Instructions

- 1) All students must have documented proof of a Two-Step TB Mantoux skin test. If proof is not available for the Two-Step Mantoux skin test or if it has not been completed previously, then the student must receive an initial Two-Step TB Mantoux skin test. The Two-Step needs to be performed **ONCE** only and it never needs to be repeated again. Any subsequent TB skin tests can be One-Step, regardless of how long it has been since the last skin test. Students who have received a BCG vaccination are **not exempt** from the initial Mantoux testing. Pregnancy is **NOT** a contraindication for performance of a Mantoux skin test.
- 2) Mantoux testing must be completed prior to the administration of any live vaccines (i.e. MMR, varicella) **OR** defer skin testing for 4 to 6 weeks after the vaccine is given.
- 3) If a student was **positive** from a previous Mantoux Two-Step skin test and/or has received TB treatment, the health care provider must complete an assessment and document below if student is free from signs and symptoms of active tuberculosis.
- 4) Any student who has proof of a previous **negative** Two-Step, must complete a One-Step.
- 5) For any student who tests positive for the first time:
 - a. Include results from the positive Mantoux screening (mm of induration),
 - b. A chest x-ray is required and the report must be enclosed in this package,
 - c. Indicate any treatments that have been started,
 - d. Complete assessment and document on form if the student is clear of signs and symptoms of active TB,
 - e. The responsibility for follow up lies with the health care provider as per the OHA/OMA Communicable Disease Surveillance Protocols.

Results

Initial Two-Step TB Test Mantoux – Mandatory	Date Given	Date Read (48-72 hours from testing)	Result: Induration in mm	Must provide proof of Mantoux One-Step and Two-Step TB skin test results
One-Step				
Two-step (7-28 days after one-step)				
Annual One-Step (If the initial Two-step TB skin test has been completed with negative results, complete one-step only)				Must provide proof of Mantoux One-Step TB skin test results

If either step is positive (10 mm or more), please evaluate the following

1) Chest x-ray Results:	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> N/A	Date:	
2) History of Disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
3) Prior History of BCG Vaccination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dosage:		
4) INH prophylaxis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duration:		
5) Specialist referred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
6) Does this student have signs and symptoms of active TB on physical exam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Health Care Provider Signature:		Date:	
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For Requisite Nurse Use Only	
Chest X-ray Provided	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cleared	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

To Be Completed By The Health Care Provider Physician / Nurse Practitioner / Registered Nurse:
Please complete shaded area below OR provide professional identification stamp.

Signature:		MD/ RN (EC) / RN
Initials:		
Print Name:		
Phone Number:		

Section "C" – Mandatory Non-Medical Requirements

Non-Medical Requirements

Instructions for Students

As a student accepted in this program, you are required to complete the following non-medical requirements.

- 1) Review your communication package to find out how and where to obtain these requirements,
- 2) Locate the approved sources to obtain the requirement(s),
- 3) Obtain the certificate/proof of completion,
- 4) For each of the non-medical requirement(s), bring the original and one copy of your certificate and/or proof of completion to your Requisite appointment.

If you have previously obtained one or more of the above non-medical requirements, please ensure they have not expired (if applicable).

Non Medical Requirements	Date Issued	Expiry Date	For Requisite Nurse Use Only			
			Document Provided		Cleared	
			Yes	No	Yes	No
Vulnerable Sector Police Check valid for 1 year up to May 1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section "D" – Student Agreement

Section D - The Student Agreement

I confirm that I have read this form and understand its purpose and the nature of its content. In particular, I understand that in order to comply with the Public Hospitals' Act and Ontario Hospital Association protocol, I need to demonstrate that certain health standards have been met in order for me to be granted student placement.

I understand that I must have all sections of this form fully completed and reviewed by the ParaMed Requisite Program by the identified due date. Failing to do so, may jeopardize my consideration for any student placement. All costs incurred for completion of this form are my sole responsibility.

Should it be requested, it is my responsibility to share relevant information from this form with a hospital, nursing home, or other clinical placement agency relating to my program.

Student Signature:	
Date:	

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. The information in this form will be protected in accordance to the Freedom of Information and Protection of Individual Privacy Act.

Section "E" – To be completed by Requisite Nurse

To be completed by Requisite Nurse

Pre-placement Requirement Status			
Cleared	Yes	No	Date
	<input type="checkbox"/>	<input type="checkbox"/>	
Exception	<input type="checkbox"/>	<input type="checkbox"/>	
Agreement Form	<input type="checkbox"/>	<input type="checkbox"/>	
Date:			
Nurse Signature:			
Nurse Name (Print):			

Stamp Pad - ParaMed Requisite Office Use Only

Is My Clinical Pre-placement Health Form Completed? - Checklist

Bring to your Requisite Appointment

- This Form completed,
- Blood lab reports -as required
- Yellow immunization card or other proof of immunization (Hint: From your local public health unit in the area that you lived when you received high school and elementary school immunizations),
- Provide photocopy of all documents.

Section "A" - Mandatory Medical Requirements:	Was section "A" completed by Physician or Nurse Practitioner?		Was it signed by Physician or Nurse Practitioner?		Do I have all the required documents attached? (proof of immunization/blood Lab report)	
	Yes	No	Yes	No	Yes	No
Tuberculosis Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section "C" Mandatory Non-Medical Requirements:	Did I complete?		Do I have the required documents attached (certificates) ?	
	Yes	No	Yes	No
Vulnerable Sector Police Check valid for 1 year up to May 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section "D" Student Agreement:	Did I read and sign/date?	
	Yes	No
Student Agreement	<input type="checkbox"/>	<input type="checkbox"/>