

Student Name: _____ Student number: _____

Clinical/Field Pre-Placement Health Form

Program Name: Social Service Worker SSW **Program Code (#):** 0432X
Program Year: Year 2

Student Instructions for Mandatory Medical Requirements

1. Book an appointment with a Health Care Provider (Physician or Nurse Practitioner)
2. Advise your Health Care Provider to review, complete and sign/ stamp the Pre-Placement Health Form in Section A- Year 1 Mandatory Medical Requirements. (RNs/ RPNs may also co-sign portions of the form) Please complete page 3 TB Screening
3. Ensure that any requirements the were given a temporary exception in Year 1 are completed (immunization series and follow up lab blood tests)
4. Ensure you are provided with vaccine records for proof of immunization, lab blood results and Chest X-Ray report (if required) These documents are required for submission to Placement Pass

Section A: Mandatory Medical Requirements: to be completed by your health care provider

Section B: Other Medical Requirements: To be completed by the student.

Section C: Mandatory Non-Medical Requirements: To be completed by the student.

Section D: Student Agreement: To be completed by the student.

**Complete the checklist on the last page to make sure you have everything
before you scan and submit your documents to Placement Pass at
<https://algonquincollege.placementpass.ca/>**

Section A: Medical Requirements – Mandatory

Instructions for the Health Care Providers: Please read carefully.

Thank you for your cooperation with the immunization process for our student registered in this program. Please provide students a copy of any vaccine records and lab results for any vaccines administered and lab tests completed. Immunization requirements listed before each section follow the standards outlined in:

The Canadian Immunization Guide- Part 3- Vaccination of Specific Populations- Workers and Student Placements

The Canadian Tuberculosis Standards (2007)

The OHA/OMA Ontario Hospitals Communicable Disease Surveillance Protocols.

The required information with exact dates (yyyy/mm/dd) and signature for each requirement must be recorded on this Clinical Pre-placement Health Form in the shaded areas provided. Please also provide an attesting signature at the end of the Section A. Failure to complete in its entirety and submit this form by the required deadline, will exclude student from their clinical/field placement.

Please Note:

Update published September 28, 2021

NACI recommends that COVID-19 vaccines may be given concomitantly with, or at any time before or after, other vaccines including live, non-live, adjuvanted, or unadjuvanted vaccines.

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

Student Name: _____ Student number: _____

Tuberculosis Screening

Instructions:

1. Students who have tested negative previously are required to have a **repeat 1-step TB skin test**. TB screening is valid for 1 year and not to expire before completion of the academic year.
2. A TB test is invalid if it is given in the 30 day period following the administration of any live vaccines (i.e. MMR) Please ensure TB testing is complete before giving any live vaccines.
3. If a student was **positive** from a previous TB skin test (induration measuring equal to or greater than 10mm) a repeat TB test is not required. Proceed instead to an assessment as per # 1 and 2 below.
4. For any student who tests positive:
 - a. A chest x-ray is required (valid for 2 years)
 - b. Complete assessment and document on form if the student is clear of signs and symptoms of active TB. (This is an **annual** requirement)

Results

1-Step TB Skin Test	Date Given	Date Read (48-72 hours from testing)	Results (Induration in mm)
Repeat One-Step TB Skin Test Results			

For any student who tests positive please evaluate the following:

1. Chest x-ray results (remains valid for 2 years):
 Positive: _____ Negative: _____ N/A: _____
 Date of Chest X-Ray: _____
2. Does this student have signs and symptoms of active TB on physical exam?
 Yes: ___ No: ___

Health Care Provider Signature: _____ **Date:** _____

Signature: _____

Printed Name: _____

Designation (circle) MD RN(EC) RN/RPN PA

Initials: _____

Phone Number: _____

Please complete the area below OR provide professional identification stamp

Student Name: _____ Student number: _____

Section B: Other Medical Requirements

COVID-19 Vaccine: Mandatory

Instructions:

It is mandatory at this time for all students who have placements in Hospital, Home Care, Educational or Community Care settings to be fully vaccinated against COVID-19. This means that students are required to have received either dose #1 and #2 of a COVID two dose vaccine recognized by Health Canada or one dose of the J&J Janssen vaccine.. All students are required:

- to show proof of vaccination for each dose of COVID-19 vaccine
- or**
- to show medical documentation outlining why they aren't vaccinated

Prior to attending clinical placement, students are required to submit their proof of vaccination to <https://algonquincollege.placementpass.ca> and have the document available to provide to the placement facility once clinical placement has started. **Booster doses are strongly recommended as these requirements are site specific and subject to change.**

Results:

Dose #1: Date of COVID-19 vaccine: _____
Type of COVID-19 vaccine: _____

Dose #2: Date of COVID-19 vaccine: _____
Type of COVID-19 vaccine: _____
(If required as part of a 2 dose series COVID-19 vaccine)

Booster Dose/ Dose #3 (Strongly Recommended):

Date of COVID-19 vaccine: _____
Type of COVID-19 vaccine: _____

By signing below, I understand that if I fail to submit proof of vaccination for COVID-19 or medical documentation outlining why I am unable to receive the COVID-19 vaccine, I am unable to attend clinical placement due to facility requirements, thereby jeopardizing successful completion of the program.

Signature: _____ **Print Name:** _____

Date: _____

Your COVID-19 vaccines record can be submitted to <https://algonquincollege.placementpass.ca/> at any time without an additional fee.

Student Name: _____ **Student number:** _____

Section C: Mandatory Non-Medical Requirements

Instructions for Students:

Students are required to complete the following non-medical requirements.

- 1) Review your communication from your program to find out when to obtain these requirements including **date to apply** and any other special instructions.
- 2) Student is to complete the Date of Issue and Expiry Date
- 3) Requirements are to remain valid until completion of your academic year **30 April 2023**

Non-Medical Requirements Not to Expire prior to the completion of the Academic Year	Date Issued	Expiry Date
Vulnerable Sector Police Check (valid for 1 year)		

Section D: Student Health Form Agreement

Section D – The Student Health Form 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 the applicable Provincial Public Health and Hospital Communicable Disease Surveillance Protocols, I need to demonstrate that certain health standards have been met in order for me to be granted student placement. I understand that the faculty in my educational program will not be able to view the results from this form, save for any nurse determinations made by ParaMed, the expiry dates thereof and whether any requirements related to the placement contemplated hereunder have been met.

I understand that I must have all sections of this form fully completed and reviewed by Placement Pass 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. If, for any reason, there is a dispute related to payment of the services, I acknowledge and agree that the authorizations granted by ParaMed may be revoked and in such case, I shall have no recourse against ParaMed in respect of the same.

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.

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. Students are encouraged to review the privacy policy and terms of use of Paramed, which can be found at: <https://www.paramed.com/privacy/>

Is My Clinical/Field Pre-placement Health Form Completed? – Checklist

Remember to scan, label, and submit the following documents- you can download a free mobile scanning APP to your phone to scan and upload

- The full Pre-Placement Health Form initialled and signed by your Health Care Provider
- Any blood lab reports, Chest X-Ray report or vaccine records that show updates from the previous year if required)
- Certificate or proof of completion for any non-medical requirements

Section A– Mandatory Medical Requirements	Was Section A completed and signed by the health care provider?	Are all the required documents attached?
Tuberculosis Screening	<input type="checkbox"/>	<input type="checkbox"/>
Section B – Other Medical Requirements	Did I complete?	Do I have the required documents attached
Influenza Immunization	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Section C – Mandatory Non-Medical Requirements	Did I complete?	Do I have the required documents attached
Vulnerable Sector Police Check	<input type="checkbox"/>	<input type="checkbox"/>
Section D – Student Health Form Agreement	Did I read, sign, and date	
Student Health Form Agreement	<input type="checkbox"/>	