

Student Name: _____ Student ID: _____

Program Details		
Veterinary Assistant	1612X	<input type="checkbox"/>
Veterinary Technician (Year 1)	6320X	<input type="checkbox"/>
Veterinary Technician (Graduating Year)	6320X	<input type="checkbox"/>

Student Instructions for Mandatory Requirements

- Review the requirements checklist below

SECTION	REQUIREMENT	Ensure all requirements are complete with records and certificates included
Section A – Medical Requirements <i>(Completed and signed by Health Care Provider)</i>	Annual Medical Requirement	
	Tetanus Toxoid	<input type="checkbox"/>
	Rabies	<input type="checkbox"/>
Section B – Non- Medical Requirements	1612X & 6320X (Year 1)	
	WHMIS	<input type="checkbox"/>
	Workplace Health and Safety Awareness (OHSA)	<input type="checkbox"/>
	6320X (Graduating Year)	
	Police Check	<input type="checkbox"/>

- Access the **Algonquin Placement Pass** website for the most current Pre-Placement Health Form Package: <https://algonquin.placementpass.ca>
 - Book an appointment with a Physician, Nurse Practitioner, or Travel health clinic. Veterinary Technician (6320X) – attend vaccine clinics held at Algonquin College Health Services during your first semester.
 - Bring vaccine records, public health forms or documents that show your immunization history to your appointment.
 - Provide **Section A** (instructions and forms) to your health care provider to complete, initial, and sign/stamp.
Note: RNs/RPNs may also co-sign portions of the form.
 - Ensure your health care provider gives you the following documents to upload to Placement Pass with the health forms:
 - Vaccine records (with **name** on each record), including childhood immunization records if available.
 - Laboratory blood results
 - Complete **Section B:** Mandatory non-medical requirements and provide certificates or proof of completion for each requirement.
 - Complete checklist (above) to ensure all requirements are met for both sections (A & B).
 - Scan, label, and submit all documents at [Algonquincollege.placementpass.ca](https://algonquincollege.placementpass.ca)
- Verify that documents are clear and legible before submitting them to the Placement Pass website.

Health Care Provider Instructions for Mandatory Medical Requirements

1. Complete Section A in its entirety and provide an attesting signature/initial where indicated.
2. Provide the student a copy of vaccine records for vaccines administered and lab results for lab tests completed.
 - a. **Tetanus Toxoid:**
 - i. Vaccine record showing one dose received in the last 10 years required.
 - b. **Rabies:**
 - i. If the student has no-pre-exposure to the rabies vaccine, complete initial primary series as follows:
 - Dose #1: as soon as possible
 - Dose #2: 7 days after dose #1
 - Dose #3: 21 days after dose #1
 - Perform serology test to determine immunity level
 - ii. If the student has previous pre-exposure to the rabies vaccine proceed as follows:
 - Provide proof of previously completed pre-exposure vaccination.
 - Perform serology test to determine immunity level. If non-immune, booster dose required
3. Complete Health Care Provider Signature and Identification subsection.
 - a. To be completed by each health care provider who has provided information in Section A (to match initials on the form to signature)

Pre-Placement Health Form

SECTION B: Mandatory Non-Medical Requirements

! Do not leave any sections blank – If not applicable, please complete with “N/A”. If drawn, provide the student with a copy of the lab report/results (attach laboratory blood report) for each of the following:

Student Name: _____ Student ID: _____

TETANUS TOXOID	Booster dose
Date Vaccine Administered:	YYYY/MM/DD

HCP Initials:

RABIES		Dose 1	Dose 2	Dose 3
Full Series <i>Provide vaccine record</i>	Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Product Name:			
Booster Dose(s) <i>Provide vaccine record</i>	Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Product Name:			

Rabies Waiver: Rabies vaccination mandatory for your program as these requirements are based on the placement organizations.

By signing this waiver, I understand that if I fail to submit proof of vaccination for rabies or medical documentation outlining why I am unable to receive the rabies vaccine, I may be unable to attend clinical placement due to placement agency requirements, thereby jeopardizing successful completion of the program.

Student Signature: _____

If the student has previous pre-exposure to the rabies vaccine:

- Provide proof of previously completed pre-exposure vaccination.
- Perform serology test to determine immunity level.
- If results are:
 - Below 0.5 IU/ml: Provide booster and perform serology one-month post-booster to confirm immunity.
 - Above 0.5 IU/ml: no action required.

Lab test results, post initial primary series

- Immune? Yes No
- Lab Result: _____

Note: Rabies titer is required after completion of vaccination series. Please attach serology report.

HCP Initials:

Health Care Provider Signature & Identification

	Professional Identification Stamp:
Printed Name:	
Signature:	
Initials:	
Designation: <input type="checkbox"/> MD <input type="checkbox"/> RN (EC) <input type="checkbox"/> RN/RPN <input type="checkbox"/> PA	
Phone Number: () -	

Health Care Provider Signature & Identification

	Professional Identification Stamp:
Printed Name:	
Signature:	
Initials:	
Designation: <input type="checkbox"/> MD <input type="checkbox"/> RN (EC) <input type="checkbox"/> RN/RPN <input type="checkbox"/> PA	
Phone Number: () -	

Pre-Placement Health Form

SECTION B: Mandatory Non-Medical Requirements

Student Details

Student Name: _____ Student ID (#): _____
 Program Name: _____ Code (#): _____ Year: _____
Yearly Requirements to remain valid until: Fall Start (**September 1st**) Spring Start (**May 1st**)

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- ▶ Review your communication from your program to find out when to obtain these requirements including **date to apply** and any other special instructions.
- ▶ Ensure annual requirements **remain valid** until completion of your academic year (see dates above).
- ▶ Submit supporting documents in PDF format, if possible.
- ▶ Verify that documents are clear and legible before submitting to the Placement Pass website.

NON-MEDICAL REQUIREMENTS

1612X & 6320X (Year 1)	WHMIS
	Workplace Health and Safety Awareness (OHSA)
6320X (Graduating Year)	Police Check