Pre-Placement Health Form

Student Instructions

Program and Student Details

Student Name:	**Student ID:**	
Program Name: Dental Hygiene	**Code (#):** 1927X	**Year:** Level 4 to 6
Requirements Due: January 8, 2027		

Student Instructions for Mandatory Requirements

1. Review the requirements checklist below:

SECTION	REQUIREMENT	Ensure all requirements are complete with records and certificates included
Section A – Medical Requirements *(Completed and signed by Health Care Provider)*	Tuberculosis (TB) Screening	☐
	Influenza (strongly recommended)	☐
	COVID-19 (1-dose strongly recommended)	☐
Section B – Non-Medical Requirements	Vulnerable Sector Police Check	☐
	Standard First Aid	☐
	CPR Basic Life Support	☐

2. Access the **Algonquin College Placement Pass** website for the most current Pre-Placement Health Form Package: https://algonquincollege.placementpass.ca/
3. Book an appointment with a Physician or Nurse Practitioner.
4. Provide **Section A** (instructions and forms) to your health care provider to complete and sign/stamp. RNs/RPNs may also co-sign portions of the form.
5. Complete **Section B:** Mandatory Non-Medical Requirements.
6. Complete checklist (above) to ensure all requirements are met for both sections (A & B):
   a. Section A (all pages) completed, initialed, and signed by your Health Care Provider.
   b. Chest X-Ray report, if required.
   c. Section B certificates or proof of completion for any non-medical requirement.
7. Scan, label, and submit all documents to the website located at https://algonquincollege.placementpass.ca/

- Verify that documents are clear and legible before submitting them to the Placement Pass.
- Ensure vaccine records that are not in English include the original document and an officially translated English copy.

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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.
   ***Note**: Immunization requirements listed follow the standards outlined in: The Canadian Immunization Guide (Part 3) **Vaccination of Specific Populations** - Workers and Student Placements, The Canadian Tuberculosis Standards (2007), and the OHA/OMA Ontario Hospitals Communicable Disease Surveillance Protocols.*
3. Use the following instructions when completing the following subsections:

   a. Tuberculosis (TB) Screening:
   - i. Students who previously tested negative are required to have a **repeat 1-step TB skin test** after the winter semester. TB screening is valid for 1 year.
   - ii. A TB test is invalid if it is given in the 30-day period following the administration of any live vaccines (e.g., MMR, Varicella). Please ensure TB testing is complete before giving any live vaccines.
   - iii. If a student was positive from a previous 2-step skin test, a TB test is not required; instead, proceed to a chest X-ray.
   - iv. For any student who tests positive:
     - A chest X-ray is required (valid for 2 years).
     - Complete assessment and document on form if the student is clear of signs and symptoms of active TB. This is an annual requirement.

   b. Influenza (Flu):
   - i. Only applicable during flu season (October to the end of April).
   - ii. Strongly recommended. Placement partners may require that students receive influenza immunization and show proof especially if there is an outbreak. Students who have not received their flu vaccination during the flu season may be removed from placement in this case, thereby jeopardizing successful completion of the course.
   - iii. If a medical exemption to flu vaccination is indicated, the document must follow current NACI recommendations.
     ***Note:** Student must sign the influenza waiver if they do not intend to get the seasonal flu shot (see Section A, page 1)*.

   c. COVID-19:
   - i. 1-dose strongly recommended. Placement partners may require that students receive COVID-19 immunization and show proof especially if there is an outbreak. Students who have not received their COVID-19 vaccination (minimum one dose) may be removed from placement in this case, thereby jeopardizing successful completion of the course.
   - ii. If a medical exemption to COVID-19 vaccination is indicated, a medical note is required which follows the process as outlined in the current NACI guidelines for a physician requested medical exemption of COVID-19 immunization. It must include:
     - The medical reason they cannot be vaccinated for COVID-19, and
     - The effective time period for the medical reason (i.e., permanent or time-limited).

     ***Note:** Student must sign the COVID-19 waiver if they do not intend to get some or any of the COVID-19 immunization doses (see Section A, page 1)*.
4. Complete Health Care Provider Signature and Identification subsection. To be completed by each health care provider who has provided information in Section A (to match initials on the form to signature).

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SECTION A: Health Care Provider Form

> ► All students are required to complete their annual 1-step TB Test or have HCP update the TB medical note if TB positive (i.e., "Date of Assessment").
> ► Do not leave any sections blank – If not applicable, please complete with "N/A".

Student Name: _____ **Student ID:** _____

TUBERCULOSIS (TB) SCREENING **If previous 2-step TB test was NEGATIVE**	**Date Administered**	**Date Read** (48-72 hours from testing)	**Results*** (Induration in mm)
Annual 1-step	YYYY/MM/DD	YYYY/MM/DD	_____ mm

*10 mm or more: ☐ Positive ☐ Negative ☐ N/A Date of Chest X-Ray: YYYY/MM/DD

Signs/symptoms of active TB on physical exam? ☐ Yes ☐ No Date of Assessment: YYYY/MM/DD

Health Care Provider Initials: ( )

INFLUENZA (FLU)	**Seasonal Dose (Strongly Recommended)**
Date Vaccine Administered:	YYYY/MM/DD
Product Name:	
Provide vaccine record or Health Care Provider signature:	
Influenza Waiver: Placement partners may require that students receive influenza immunization and show proof especially if there is an outbreak. Students who have not received their flu vaccination during the flu season may be removed from placement in this case, thereby jeopardizing successful completion of the course.	I understand that the Academic Program encourages students to have an annual influenza vaccine. I have selected to waive this immunization based on medical and/or personal reasons. I am aware that I may be susceptible to influenza, and I understand that I may not be eligible to attend clinical placement. **Student Signature**: _____

COVID-19		**1-Dose (Strongly Recommended)**	**2-Dose (Strongly Recommended)**
Full Series *Provide vaccine record*	Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD
	Product Name:		
Booster Dose(s) *Provide vaccine record*	Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD
	Product Name:		
COVID-19 Waiver: Placement partners may require that students receive Covid-19 immunization and show proof especially if there is an outbreak. Students who have not received their Covid-19 vaccination (minimum one dose) may be removed from placement in this case, thereby jeopardizing successful completion of the course		I understand that the Academic Program encourages students to receive the COVID-19 vaccine and recommended booster dose(s). I have chosen to waive this immunization based on medical and/or personal reasons. I am aware that I may be susceptible to COVID-19, and I understand that I may not be eligible to attend clinical placement. **Student Signature**: _____	

Pre-Placement Health Form

SECTION A: Health Care Provider Form

Student Name: _____ **Student ID:** _____

Health Care Provider Signature & Identification		
		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	☐ MD ☐ RN (EC) ☐ RN/RPN ☐PA	
Phone Number:	( ) -	

Health Care Provider Signature & Identification		
		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	☐ MD ☐ RN (EC) ☐ RN/RPN ☐PA	
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Health Care Provider Signature & Identification		
		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	☐ MD ☐ RN (EC) ☐ RN/RPN ☐PA	
Phone Number:	( ) -	

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SECTION B: Mandatory Non-Medical Requirements

Program and Student Details

Student Name:	**Student ID:**	
Program Name: Dental Hygiene	**Code (#):** 1927X	**Year:** Level 4 to 6
Requirements Due: **January 8, 2027**		

- Review your communication from your program to find out when to obtain these requirements including date to apply and any other special instructions including the date when these certificates must remain valid until.
- Student is to complete the Date of Issue and Expiry Date. **Annual non-medical requirements are to be updated prior to expiring.**
- 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	Date Issued	Expiry Date
Vulnerable Sector Police Check – valid for 1 year ***Note:*** If you are under the age of 18 years old, you will not be eligible for a police check. Please notify the Clinic Coordinator, Jodie O'Brien (obrienj@algonquincollege.com), if this is the case.		
Standard First Aid – valid for 3 years		
CPR Basic Life Support (CPR-BLS) – valid for 1 year		