

Student name: _____ Student number: _____

Clinical/Field Pre-Placement Health Form

Program Name: Dental Assisting
Program Year: Year 1

Program Code (#): 0608X
Program Descriptor: Full Time

Requirement due dates: Fall intake- October 18, 2024

Student Instructions for Mandatory Medical Requirements

1. Book an appointment with a Health Care Provider (Physician or Nurse Practitioner)
2. Bring to your appointment any vaccine records, public health forms or documents that show a record of your immunization history
3. 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 pages 3, 4, 5, 6, and page 7.**
4. Please read and follow all detail instructions for these medical requirements:

| | |
|--------------------------------|---|
| TB Screening | 2 Step TB skin test, if positive from previous skin testing, a medical follow up with a Chest X-Ray and assessment required. |
| Measles, Mumps, Rubella | Vaccine records of 2 doses of MMR vaccine is required or a lab blood test showing full immunity |
| Varicella | Vaccine records of 2 doses of Varicella vaccine is required or a lab blood test showing full immunity |
| Tetanus, Diphtheria, Pertussis | Vaccine records showing an initial primary series with one dose of Tdap as an adult required. If no records available, give Adult Primary Series of 3 doses. |
| Polio | Vaccine records showing an initial primary series. If no records available, give Adult Primary Series of 3 doses. |
| Hepatitis B | Vaccine records showing proof of a primary series of Hepatitis B vaccines. A lab blood test must be obtained for evidence of immunity (antigen/antibody). If not immune provide further dosing as required. |

5. 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 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 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 students 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 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

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

Student name: _____ Student number: _____

Tuberculosis Screening

Instructions:

1. A 2- step TB Mantoux skin test is required regardless of BCG history. The TB tests should be given 1 to 3 weeks apart.
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 **TB skin test is not required**. Proceed instead to a Chest X-Ray.
4. Any student who has had a negative 2 step TB test completed in the past complete a 1-step only (dates or 2 step required)
5. For any student who tests positive:
 - a. Include results from the positive Mantoux screening if available.
 - b. A chest x-ray is required (within 6 months of your program start, valid for 2 years)
 - 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. (Assessment is an **annual** requirement)

Results

| Initial 2-Step Mantoux Test – Mandatory | Date Given | Date Read (48-72 hours from testing) | Results (Induration in mm) |
|--|------------|--------------------------------------|----------------------------|
| 1- step results | | | |
| 2- step results | | | |
| 1- step for those who have had a previous 2-step | | | |

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

1. Chest x-ray results: 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: _____

Student name: _____ Student number: _____

Measles Mumps and Rubella (MMR)

Instructions:

Either vaccine records of 2 doses of MMR vaccine is required **or** a lab blood test showing full immunity. If the lab blood test does not show full immunity and the student **does not have any vaccine records of MMR** they will require **2 doses of MMR vaccine given 1 month apart**. An MMR booster is required if the student has a record of 1 dose of MMR vaccine. This vaccine is not recommended (contraindicated) for pregnant women and pregnancy should be avoided for 3 months post immunization

Previous MMR Doses:

- MMR Vaccine Given (Dose 1): Date: _____
- MMR Vaccine Given (Dose 2): Date: _____

Booster Dose:

- MMR Booster if missing record of 1 dose: Date: _____

If drawn provide Lab Report/Results (Attach laboratory blood report)

Immune to MMR? Yes No

Please provide a vaccine record or record doses administered in area below:

| | |
|------------------------|-------|
| Vaccine type- Dose #1: | Date: |
| Vaccine type- Dose #2: | Date: |

Health Care Provider Signature: _____

Varicella (Chicken Pox)

Instructions:

Either vaccine records of 2 doses of varicella vaccine is required or a lab blood test showing evidence of full immunity. This vaccine is not recommended (contraindicated) for pregnant women. Pregnancy should be avoided for three months after a Varicella vaccination has been given.

If blood results do not show full immunity (nonreactive or indeterminate) provide student with 2 doses of varicella vaccine:

- Varicella Vaccine Given (Dose 1): Date: _____
- Varicella Vaccine Given (Dose 2): Date: _____

If drawn provide Lab Report/Results (Attach laboratory blood report)

Immune to varicella? Yes No

Please provide a vaccine record or record doses administered in area below:

| | |
|------------------------|-------|
| Vaccine type- Dose #1: | Date: |
| Vaccine type- Dose #2: | Date: |

Health Care Provider Signature: _____

Student name: _____ Student number: _____

Polio

Instructions:

Vaccine records showing an initial primary series are required. If there are no records available, then give an adult primary series of 3 doses. The student will receive a **temporary exception after 2 doses** to proceed to placement with the expectation that a vaccine record for dose #3 will be submitted within 6 months

Initial primary series completed? Yes No

- If no, give adult primary series of 3 doses

Please provide vaccine records or record doses administered in area below:

| | |
|-----------------------|-------|
| Vaccine type dose #1: | Date: |
| Vaccine type dose #2: | Date: |
| Vaccine type dose #3: | Date: |

Health Care Provider Signature: _____

Tetanus/Diphtheria (Td) and Pertussis

Instructions

Vaccine records showing an initial primary series are required. If there are no records available, then give adult primary series of 3 doses. The student will receive a **temporary exception after 2 doses** to proceed to placement with the expectation that a vaccine record for dose #3 will be submitted within 6 months

Initial primary series completed? Yes No

- If no, give adult primary series with dose #1 Tdap

*The OHA Pertussis Surveillance Protocol for Ontario Hospitals states that all adult HCW's (including students) regardless of age should receive a single dose of tetanus diphtheria acellular pertussis (Tdap) for pertussis protection if not previously received in adulthood. **The adult dose is in addition to the routine adolescent booster dose.** The interval between the last tetanus diphtheria booster and the Tdap vaccine does not matter. **All students are required to provide proof of an adult dose of Tdap received on or after their 18th birthday.***

For all students, adult dose of Tdap complete? Yes No

Please provide vaccine records or record doses administered in area below:

| | |
|-----------------------|-------|
| Vaccine type dose #1: | Date: |
| Vaccine type dose #2: | Date: |
| Vaccine type dose #3: | Date: |

Health Care Provider Signature: _____

Student name: _____ Student number: _____

Hepatitis B

Instructions

- 1) A lab blood test must be obtained for evidence of immunity (antigen/antibody). **Copies of lab results must be provided.**
- 2) If the student has documentation of a completed initial primary series and serology results are < 10 IU/L, provide a booster dose and complete another lab test 30 days following the booster. Students must provide **vaccine records for the initial primary series** for Hepatitis B vaccine.
- 3) If the student has not received the Hepatitis B vaccine provide the initial primary series as follows:
 - Dose # 1 – as soon as possible.
 - Dose # 2 – one month after dose # 1.
 - Dose # 3 – six months after dose # 1.
 - **Serology is required 30 days following dose # 3.**
- 4) If serology results are < 10 IU/L, student will need a Dose # 4 followed by another lab test one month after.
- 5) If serology results are < 10 IU/L, have dose # 5 & 6 followed by another lab test (Can have up to 6 doses).
- 6) The student will receive a temporary exception after 2 doses to proceed to placement with the expectation that a vaccine record for dose #3 will be submitted within 6 months

Mandatory Lab Report/Results

- a) **Immune**, Hepatitis B: Yes No
 - If not immune and initial series completed, provide Hepatitis B Vaccine **Booster Date**: _____
 - Lab test results, one month post booster: **Immune**, Hepatitis B: Yes No
- b) If **not immune** and initial series **not completed**, provide the 3 dose adult series for hepatitis B:
 - Hepatitis B Vaccine (Dose 1). Date: _____
 - Hepatitis B Vaccine (Dose 2). Date: _____
 - Hepatitis B Vaccine (Dose 3). Date: _____
 - Lab test results, post initial primary series: **Immune**, Hepatitis B: Yes No
- c) If **not immune** after the 3 dose adult series, provide a second series of Hepatitis B vaccines
 - Hepatitis B Vaccine (Dose 4). Date: _____
 - Hepatitis B Vaccine (Dose 5). Date: _____
 - Hepatitis B Vaccine (Dose 6). Date: _____

Lab test results, one-month post dose 6: **Immune**, Hepatitis B: Yes No

Please provide vaccine records- or record doses administered in area below:

| | |
|---------------|-------|
| Vaccine type- | Date: |
| Vaccine type- | Date: |
| Vaccine type- | Date: |
| Vaccine type- | Date: |
| Vaccine type- | Date: |
| Vaccine type- | Date: |

Health Care Provider Signature: _____

Student name: _____ Student number: _____

Health Care Provider Signature and Identification

To be completed by any the health care provider who has provided information on this form (to match initials on the form to signature)

Please complete the area below OR provide professional identification stamp.

Signature: _____

Printed Name: _____

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

Initials: _____

Phone Number: _____

Section B: Other Medical Requirements

Influenza: Strongly Recommended during flu season

Instructions:

Influenza Vaccination (Flu Shot): Flu vaccine is usually available from October to April every year. All students are encouraged to protect themselves with annual influenza immunization. Students who have not received the vaccination may be removed from clinical placement as some of our placement partners may require that students receive influenza immunization and show proof especially if there is an outbreak. **In the event of an outbreak at your placement, any student without the vaccination may be denied access to the facility thereby jeopardizing successful completion of the clinical course.**

If a student has documentation indicating a medical exemption to the influenza vaccine it must follow current NACI recommendations.

Students who may be waiting to receive the Influenza vaccination, and have all other ParaMed documentation complete, should submit this documentation to Placement Pass. Your flu vaccine can be submitted to <https://algonquincollege.placementpass.ca> at any time without an additional fee.

Please provide vaccine record- **or** HCP to record dose below in space provided:

| | |
|---------------|-------|
| Vaccine Type: | Date: |
|---------------|-------|

Health Care Provider signature: _____

Student name: _____ Student number: _____

COVID-19 Vaccine: Strongly recommended but not mandatory

Instructions:

Covid vaccinations are strongly recommended as these requirements are based on the placement organizations and their policies and subject to change. All students are encouraged to protect themselves with COVID-19 immunization. Students who have not received the vaccination may be removed from clinical placement as some of our placement partners may require that students receive COVID-19 and show proof especially if there is an outbreak. **In the event of an outbreak at your placement, any student without the vaccination may be denied access to the facility thereby jeopardizing successful completion of the clinical course.**

Results:

Dose #1 (Strongly recommended but not mandatory):

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

Dose #2 (Strongly recommended but not mandatory):

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

Dose Booster (Strongly recommended but not mandatory):

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

Signature: _____

Print Name: _____

Date: _____

Your COVID-19 and flu vaccines can be submitted to <https://algonquincollege.placementpass.ca/> without an additional fee.

Student name: _____ Student number: _____

Section C: Mandatory 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 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. Refer to your communications from your program which will have the details regarding the earliest date to apply. Certificates must remain valid until the end of your academic year – **June 20, 2025**.

If you have previously obtained one or more of the non-medical requirements listed below, please re-submit and ensure they have **not expired** (if applicable).

| Non-Medical Requirements | Date Issued | Expiry Date |
|--|-------------|-------------|
| Standard First Aid Certificate (valid for three years) | | |
| Vulnerable Sector Police Check (valid for one 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. | | |
| WHMIS | | No expiry |
| Ontario Workplace Health and Safety Awareness | | |

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 located on the student status and clearance reports, 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

- All pages of the **Pre-Placement Health Form** initialled and signed by your health care provider
- Your **blood test lab reports** and if required, **chest X-ray report**
- **Vaccine records**- yellow immunization card/ booklet, public health documents, provincial health board records, medical centre/ physician office letters or print outs, pharmacist’s immunization record
- **Non-medical requirements certificate** or proof of completion

| | |
|--|--|
| Section A–Medical Requirements | Was section A completed and signed by the health care provider and are all the required documents attached? |
| Measles Mumps and Rubella (MMR) | <input type="checkbox"/> |
| Tuberculosis Screening | <input type="checkbox"/> |
| Varicella (Chicken Pox) | <input type="checkbox"/> |
| Tetanus/Diphtheria (Td) | <input type="checkbox"/> |
| Pertussis | <input type="checkbox"/> |
| Polio | <input type="checkbox"/> |
| Hepatitis B | <input type="checkbox"/> |
| Section B –Other Medical Requirements | Did I complete all sections and are all documents attached? |
| Influenza Immunization | <input type="checkbox"/> |
| COVID-19 Immunization | <input type="checkbox"/> |
| Section C Non-Medical Requirements | Did I complete all sections and are all documents attached? |
| Standard First Aid Certificate | <input type="checkbox"/> |
| Vulnerable Sector Police Check | <input type="checkbox"/> |
| WHMIS2015 | <input type="checkbox"/> |
| OWHSA | <input type="checkbox"/> |
| Section D – Student Health Form Agreement | Did I read, sign, and date |
| Student Health Form Agreement | <input type="checkbox"/> |