

Pre-Placement Health Form

Program Name Cardiovascular Technology **Program Code (#):** 1628X
Program Year: Year 1 (Pre-Entry)

Form #1 Pre-Entry Requirements Due by September 30, 2024

Student Information

Last Name: _____ First Name: _____
Student email: _____

Submit to Placement Pass:

1. This form signed by you
2. Any certificates and documents as listed on page 2

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

Section A: Mandatory Medical Requirements: Not required until Winter 2025.

Section B: Other Medical Requirements: Must be completed by you, the student.

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

Section D: Student Agreement: Must be completed by you, 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/>**

Student name: _____ Student number: _____

Section B: Other Medical Requirements

COVID-19 Vaccine

Instructions:

The COVID-19 vaccination is mandatory at this time for all programs who have placements in Hospital, Home Care or Community Care. All students are required:

- to show proof of vaccination for each dose of COVID-19 vaccine

or

- 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 (Mandatory): Date of COVID-19 vaccine: _____

Type of COVID-19 vaccine: _____

Dose #2 (Mandatory): Date of COVID-19 vaccine: _____

Type of COVID-19 vaccine: _____

(If required as part of a 2 dose series COVID-19 vaccine)

Dose #3 (Booster) Highly 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: _____

Date: _____

Your COVID-19 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.
- 3) Academic Year End- **August 2025**

Non-Medical Requirements	Date Issued	Expiry Date
Police Check – Vulnerable Sector (PRCSVS) – (valid for 1 year) Due Sept. 30, 2024 <u>Note: If you are under the age of 18 years old, you will not be eligible for a police check. Please notify the program coordinator, Karen Tran (trank1@algonquincollege.com) if this is the case.</u>		

Section D: Student Health Form Agreement

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

- This form signed by you the student plus vaccine records or proof of completion

Section A–Not Required	
Section B- Other Medical Requirements	Did I complete and have records attached?
COVID Immunization	<input type="checkbox"/>
Section C –Non-Medical Requirements	Did I complete and have records attached?
Police Records Check - Vulnerable Sector (PRCSVS)	<input type="checkbox"/>
Section D – Student Health Form Agreement	Did I read, sign, and date
Student Health Form Agreement	<input type="checkbox"/>