

Student name: _____ Student number: _____

Clinical/Field Pre-Placement Health Form

Program Name: Practical Nursing

Program Code (#): 1704X

Program Year: Year 1 W2024

Program Descriptor: Full Time

Medical Requirements due date: 19 January 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.**

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.

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 B: Other Medical Requirements: Student to complete- vaccine records required

Section C: Mandatory Non-Medical Requirements: Student to complete - certificates required

Section D: Student Agreement: To be signed 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 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. An initial 2 step TB Mantoux skin test is required regardless of BCG history. The TB tests should be given 1 to 3 weeks apart. If positive follow step #5.
2. If the student has had a previous negative 2-step TB Skin Test proceed with a 1-step TB Skin Test.
3. 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.
4. If a student was **positive** from a previous skin test a TB test is not required. Proceed instead to a Chest X-Ray.
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. (This is an **annual** requirement)

Results

Initial 2-step Mantoux TB skin test	Date Given	Date Read (48-72 hours from testing)	Results (Induration in mm)
1-Step			
2-Step (7-28 days after one-step)			
Annual 1-Step (If an initial 2-Step TB skin test has been completed with negative results, complete 1-step only)- <i>please provide proof of a previous 2 Step TB skin test</i>			

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:

One of the following is required:

- Documentation of having received 2 doses of MMR vaccine on or after their first birthday **or**
- Laboratory evidence of immunity for measles, mumps, and rubella

If verification of 2 doses of MMR vaccine is received, then no further testing/ verification is required.

Previous MMR doses:

- MMR Vaccine Given (Dose 1): Date: _____
- MMR Vaccine Given (Dose 2): 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 below in space provided:

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

Health Care Provider Signature: _____

Varicella (Chicken Pox)

Instructions:

One of the following is required:

- Documentation of having received 2 doses of varicella vaccine **or**
- Laboratory evidence of immunity

Previous varicella vaccine doses:

- 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 below in space provided:

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 below in space provided:

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 below in space provided:

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
 - o If not immune and initial series completed, provide Hepatitis B Vaccine **Booster Date**: _____
 - o 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:
 - o Hepatitis B Vaccine (Dose 1). Date: _____
 - o Hepatitis B Vaccine (Dose 2). Date: _____
 - o Hepatitis B Vaccine (Dose 3). Date: _____
 - o 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
 - o Hepatitis B Vaccine (Dose 4). Date: _____
 - o Hepatitis B Vaccine (Dose 5). Date: _____
 - o 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 below in space provided:

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: Mandatory

Instructions:

Influenza Vaccination (Flu Shot): Flu vaccine is usually available from October to April every year. All students are required to receive an annual seasonal influenza immunization during flu season, and this must be completed at **least 10 days prior to the start of their clinical placement**. Proof of flu vaccination must be submitted to Paramed for the date of the student’s flu shot to be updated to the Placement Pass system.

The deadline is 19 January 2024

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

Students who have not received their flu vaccination during the flu season *will be removed from clinical placement thereby jeopardizing successful completion of the clinical course. Placement partners require that students receive influenza immunization and show proof especially if there is an outbreak.*

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

Vaccine Type:	Date:
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Health Care Provider signature: _____

Your flu and COVID vaccine records can be submitted anytime to <https://algonquincollege.placementpass.ca> without an additional fee

Student name: _____ Student number: _____

COVID-19 Vaccine: Mandatory

Instructions:

All students are required to be fully vaccinated against COVID-19. To be fully vaccinated means that individuals have received either dose #1 and #2 of a COVID two dose vaccine recognized by Health Canada **or** 1 dose of the J&J Janssen vaccine **or** a complete series of a non-Health Canada, World Health Organization authorized COVID-19 vaccine. In addition, placement facilities have their own mandatory COVID booster dose policies.

Prior to attending clinical placements, learners/students are required to:

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

or

- to show medical documentation outlining why they aren't vaccinated following the current NACI Covid-19 medical exemption request procedure

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.

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)

Booster/ Dose #3 (Mandatory):

Date of COVID-19 vaccine: _____

Type of COVID-19 vaccine: _____

For Learner/Student to Sign only when they choose to NOT receive the COVID-19 vaccine: COVID-19 Vaccination Waiver

Students who choose not to have the COVID-19 vaccine for personal reasons must sign below to acknowledge their awareness of susceptibility to the disease and of the implications for clinical placement and lost time. Those who have chosen not to be inoculated with COVID-19 vaccine will be required to provide proof of a negative COVID test completed within 48 hours of entering the placement facility.

- I understand that it is a mandatory requirement that students complete a full COVID-19 vaccination series for placement eligibility.
- I have selected to waive this immunization based on personal reasons.
- I am aware that I **may be susceptible** to COVID-19.
- I understand that I **may not be** eligible to attend clinical placement and therefore this may impede my progression through the program of study.
- I consent to have my program communicate my COVID-19 vaccination status to clinical placement agencies.

Signature: _____ Date: _____

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. **All Non-Medical Requirements are due by 19 January 2024.**
- 2) If a student is under the age of 18, the vulnerable sector police check is due 2 weeks after you turn 18 years of age.
- 3) Student is to complete the Date of Issue and Expiry Date.

Non-Medical Requirements	Date Issued	Expiry Date
CPR Level C or HCP/ BLS Certificate- Dated after 31 August 2023 (Valid for 1 year)		
Vulnerable Sector Police Check- Dated after 31 August 2023 (valid for 1 year)		
WHMIS Certificate valid for 1 year		
Ontario Worker Health and Safety Awareness (OWHSA) Certification		No Expiry
N95 Mask Fit Test Certificate (valid for 2 years, must not expire prior to the end of the academic year)		
Authorization to Release Healthcare and Police Information Form		

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

- The full Pre-Placement Health Form initialled and signed by your Health Care Provider
- Your blood lab reports and If required, Chest X-Ray report
- Your vaccine records
- Certificate or proof of completion for any non-medical requirements

Section A– Mandatory Medical Requirements	Was Section A completed and signed by HCP and are all the supporting 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 and are the supporting documents attached?
Influenza Immunization (Mandatory year 1)	<input type="checkbox"/>
COVID Immunization	<input type="checkbox"/>
Nasal Pharyngeal COVID-19 Test	<input type="checkbox"/>
Section C – Mandatory Non-Medical Requirements	Did I complete and are the supporting documents attached?
CPR Level C or HCP Certificate	<input type="checkbox"/>
Vulnerable Sector Police Check	<input type="checkbox"/>
WHMIS	<input type="checkbox"/>
OWHSA	<input type="checkbox"/>
Authorization to Release Form	<input type="checkbox"/>
N95 Mask Fit Test	<input type="checkbox"/>
Section D – Student Health Form Agreement	Did I read, sign, and date
Student Health Form Agreement	<input type="checkbox"/>