Student Name: _____ **Student number**: _____

Clinical/Field Pre-Placement Health Form

Program Name: Practical Nursing   **Program Code (#)**: 1704X
Program Year: Year 2 W**2024**_____   **Program Descriptor**: Full Time
Requirements due date: 15 December 2023

Submit to Placement Pass:

1. This Pre-Placement Health Form and proof of completion of medical and non-medical requirements
2. **Any students who received a temporary exception for year 1:** Ensure that the requirement documents are included to receive full clearance (i.e., final immunization records for dose #3 of vaccine series (for example- Tetanus, Polio, or Hepatitis B and/ or follow up lab reports showing full immunity to Hepatitis B)

Important - Please make sure to upload pages 1 to 7 of the pre-placement health form

Section A: Mandatory Medical Requirements: to be completed by your <u>health care provider</u> (Physician, Nurse Practitioner, or Physician Assistant) RNs/ RPNs may also co-sign portions of the form. Advise your Health Care Provider to review, complete and sign/ stamp the Pre-Placement Health Form in <u>Section A- Year 1 Mandatory Medical Requirements- P</u>age 3 TB Screening

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 <u>before</u> you scan and submit your documents to Placement Pass at <u>https://algonquincollege.placementpass.ca/</u>

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. Students who previously tested negative are required to have a **repeat 1-step TB skin test.**
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 a repeat TB test is not required. Proceed instead to an assessment as per # 1 and 2 below.
4. For any student who tests positive:
   a. A chest x-ray is required (valid for 2 years)
   b. Complete assessment and document on form if the student is clear of signs and symptoms of active TB. (This is an **annual** requirement)

<u>Results</u>

One-Step TB Skin Test	Date Given	Date Read (48-72 hours from testing)	Results (Induration in mm)
Repeat One-Step TB Skin Test Results			

For any student who tests positive please evaluate the following:

1. Chest x-ray results (remains valid for 2 years):
   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:** _____
Printed Name: _____
Designation (circle) MD   RN(EC)   RN/RPN   PA
Initials: _____
Phone Number: _____

Please complete the area below OR provide professional identification stamp

Student name: _____ Student 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 Placement Pass system.

Due date is 15 December 2023

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.

Results:
Seasonal flu vaccine received on date: _____
- (Please submit a vaccine record as proof of your flu shot)

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

Nasal Pharyngeal COVID-19 Test

The test must be performed according to expectation dictated by Health Authorities and as required by your placement site. Due date to be determined according to the clinical placement schedule

Results:
Date of negative COVID Nasal Pharyngeal: _____

If your nasal pharyngeal COVID test is completed after your initial submission, proof of the test results can be submitted 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) Non-Medical Requirements are due by **15 December 2023**. Review your communication from your program to find out where to obtain these requirements and any other special instructions.
2) Locate the approved sources to obtain the requirement(s).
3) Obtain the certificate/proof of completion.
4) Student is to complete the Date of Issue and Expiry Date.

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
CPR Level C or HCP/ BLS Certificate- **Must be dated after the 31 August 2023 and remain current until 31 August 2024** (Valid for 1 year)		
Vulnerable Sector Police Check- Must **be dated after the 31 August 2023 and remain current until 31 August 2024** (Valid for 1 year)		
WHMIS Certificate (Valid for 1 year)		

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, 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.

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: _____

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 <u>full Pre-Placement Health Form</u> initialled and signed by your Health Care Provider
- Any blood lab reports, Chest X-Ray report or vaccine records that show updates if required)
- Certificate or proof of completion for any non-medical requirements

Section A: Mandatory Medical Requirements	**Did I complete all sections and are the required documents attached?**
TB Screening	❏
Section B – Other Medical Requirements	**Did I complete and are the required documents attached?**
Influenza Immunization (Mandatory)	❏
COVID Immunization	❏
Nasal Pharyngeal COVID-19 Test	❏
Section C – Mandatory Non-Medical Requirements	**Did I complete and are the required documents attached?**
CPR Level C or HCP/ BLS Certificate	❏
Vulnerable Sector Police Check #1	❏
WHMIS	❏
Section D – Student Health Form Agreement	**Did I read, sign, and date**
Student Health Form Agreement	❏