

Clinical/Field Pre-Placement Health Form

Program Name: Social Service Worker **Program Code (#):** 0432X **Program Year:**
Year 2 Fall 2024 **Program Descriptor:** Full Time

Student Information

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

Bring to Your Health Care Provider Appointment and Submit to Placement Pass:

1. This form which your Health Care Provider will need to sign.
2. Any immunization cards, regional health unit forms or documents that show record of updates to your immunization history.
3. Other health records such as Chest X-Ray reports or previous TB skin test results.

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

Section A: Mandatory Medical Requirements: to be completed by your health care provider (Physician, Nurse Practitioner, Registered Nurse or Physician Assistant) RPNs may also co-sign portions of the form

Ask your health care provider to:

- Complete all the shaded areas in Section A, initial each page and complete the Health Care Provider Identification page
- Provide you with proof of immunization, lab blood results and/ or Chest X-Ray report (if required) for identified sections.
- **Medical requirements due by August 16th, 2024**

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/>

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. For the protection of students, patients and external clients, students must provide documented proof of immunization. Immunization requirements listed before each section follow the standards outlined in the Canadian Immunization Guide- Part 3- Vaccination of Specific Populations, the Canadian Tuberculosis Standards (2007) and 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 directly on this Clinical Preplacement 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 ensure you have reviewed, completed, and signed the required shaded areas in Section A.

Tuberculosis Screening

Instructions:

1. Students are required to have a **repeat 1-step TB skin test** to be completed after the winter semester, (dated after **April 30th, 2024**) **due by 16^h August 2024**
2. A TB test is invalid if it is given in the 30 day 2period 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 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 (within 6 months of your program start, 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)

Results

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

Phone Number: _____

Please complete the area below OR provide professional identification stamp

Section B: Other Medical Requirements

COVID-19 Vaccine/Influenza Vaccine: (Non-mandatory, unless requires by placement host)

Our health care partners may also mandate other vaccines, (e.g., COVID and/or influenza vaccine) to attend placement.

For consideration of medical exemption related to immunizations and vaccines, documentation must be provided for review. Please note, if medically exempt from the flu/covid vaccine, for example, facilities have the prerogative to require the flu vaccine in order to proceed with placement and can refuse students who do not have flu/covid vaccine. Additionally, in the event of an influenza outbreak, learners must abide by the facility policies.

Instructions:

The Government of Ontario has issued a directive mandating most hospitals and home and community care service providers to have a COVID-19 vaccination policy for employees, learners, and volunteers in all settings. If a placement agency has such a policy the learner must provide one of the following: **proof of full vaccination against COVID-19** or **written proof of a medical reason**

for not being vaccinated against COVID-19. Proof of completion of a COVID-19 vaccination educational session may also be required.

If required, learners/students not vaccinated must submit to regular point of care testing for COVID-19 and demonstrate a negative result, at intervals to be determined by the placement facility. (i.e. may need to be completed within the 48hrs prior to entering the placement facility for the duration of the placement). **Arrangements and costs for these tests will be the sole responsibility of the learner/student.**

Effective September 7th, 2021- **Prior to attending clinical placements, learners/students are required to:**

- Ensure they meet the COVID vaccination placement eligibility criteria, as defined by the placement site.
- Submit COVID vaccine records of proof of full COVID-19 vaccination OR
- For learners/students who are not vaccinated, they must submit medical documentation completed by their Health Care Provider that outlines their reasoning for a medical exemption request.
- If the student is not vaccinated, the college will contact the placement facility to determine eligibility for exemption on a case-by-case basis.

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.

Please note: As recommended by the National Advisory Commission on Immunization (NACI) in an update published 28 September 2021, COVID-19 vaccines may be given at the same as, or any time before or after, other vaccines, including live, non-live, adjuvanted or unadjuvanted vaccines

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

Results:

Dose #1:

Date of COVID- 19 vaccine: _____

Type of COVID-19 vaccine: _____

Dose #2: Date of COVID-19 vaccine: _____

Type of COVID-19 vaccine: _____

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

Booster Dose (as required by the local public health department):

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 may be a mandatory requirement for 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: _____

Print Name: _____

Date: _____

Influenza Vaccine: (optional)

Date Dose Received: _____

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) 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. Refer to your communications from your program which will have the details regarding the earliest date to apply and when these certificates must remain valid until.

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

Non-Medical Requirements	Date Issued	Expiry Date
--------------------------	-------------	-------------

Vulnerable Sector Police Check- Fall Semester . Must be completed after 1 st May 2024 and due August 16, 2024		
---	--	--

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:** _____

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 initialed and signed by your Health Care Provider • Your blood lab reports
- If required, Chest X-Ray report

- Your yellow immunization card/ booklet or other immunization records such as public health documents, provincial health board records, medical center/ physician office letters or print outs, pharmacist's immunization record or form
- Certificate or proof of completion for any non-medical requirements
-

Section A– Mandatory Medical Requirements	Was Section A completed by the health care provider?	Are all the required documents attached?
Tuberculosis Screening	→	→
Section B – Mandatory Other Medical Requirements	Did I complete?	Do I have the required documents attached
COVID Immunization/Influenza (if required)	→	→
Section C – Mandatory Nonmedical Requirements	Did I complete?	Do I have the required documents attached (certificates)?
Vulnerable Sector Police Check for Fall Semester	→	→
Vulnerable Sector Police Check for Winter Semester (if required)	→	→
Section D: Student Health Form Agreement	Did I read, sign, and date	
Student Health Form Agreement	→	