

Clinical/Field Pre-Placement Health Form

Program Name: Social Service Worker **Program Code (#):** 0432X **Program Year:**
Year 1 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 your immunization history. 3. Other evidence of immunity such as previous blood test results 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 October 18th, 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.

- The Algonquin College Pembroke Health Nurse, Laurie Ann Klawitter RN, is available to help you complete your Medical Requirements. She can be contacted at klawitl@algonquincollege.com or (613)735-4700 (2748).
- Please note that Health Services will be closed from June 21st to August 16th, 2024.

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 students 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.

Measles Mumps and Rubella (MMR)

Instructions:

The student must provide proof that they have received two doses of the MMR vaccine. If no records are available, a lab blood test must be obtained for evidence of immunity. MMR booster is required if there is a negative, non-reactive, or indeterminate MMR titre lab test result. **Copies of lab results must be provided for all three of the lab results.** 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: _____

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

Immune to MMR? Yes No

If Booster Required

- MMR Booster Given: Date: _____

Note: Please provide a separate immunization record for any vaccines administered

Health Care Provider Initials: _____ **Date:** _____

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 2-Step skin test (induration measuring equal to or greater than 10mm) a TB test is not required. Proceed instead to a Chest X-Ray.
4. For any student who tests positive:
 - a. Include results from the positive TB skin test 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 Two-Step Mantoux Test – Mandatory	Date Given	Date Read (48-72 hours from testing)	Results (Induration in mm)
One-Step			
Two-Step (7-28 days after one-step)			
Annual One-Step (If an initial Two-Step TB skin test has been completed with negative results, complete one-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 the physical exam?
Yes: ___ No: ___

Health Care Provider Signature: _____ **Date:** _____

May 1, 2024

Varicella (Chicken Pox)

Instructions:

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

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

If blood results nonreactive provide student with varicella vaccine:

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

If blood results indeterminate provide student with varicella vaccine:

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

Note: Please provide a separate immunization record for any vaccines administered

Health Care Provider Initials: _____ **Date:** _____

Polio

Instructions:

Date and proof of completed initial primary series. If the student has never been immunized or there are no records available, then give adult primary series of 3 doses is required.

Initial primary series completed? Yes No

- If no, give adult primary series:

Polio Given (Dose 1) Date:

Polio Given (Dose 2) at 4-8 weeks Date:

Polio Given (Dose 3) at 6-12 months Date: _____

Note: Please provide a separate immunization record for any vaccines administered

Health Care Provider Initials: _____ **Date:** _____

Tetanus/Diphtheria (Td)

Instructions

1) Initial primary series completed with booster if more than 10 years. 2) If no proof of initial primary series in childhood or adulthood give 3 doses.

Immunization	Yes	No	Date
Initial primary series completed	→	→	
Booster completed	→	→	
Booster given (if required)	→	→	

If student does not have immunization records of previous doses- primary adult series required:

- Tetanus/Diphtheria/Pertussis (Tdap) Given (Dose 1): Date: _____
- Tetanus/Diphtheria (Td) Given (Dose 2): Date: _____
- Tetanus/Diphtheria (Td) Given (Dose 3): Date: _____

Note: Please provide a separate immunization record for any vaccines administered

Health Care Provider Signature: _____ **Date:** _____

Pertussis

Instructions:

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.

Adult dose of Tdap complete? Yes No • If

yes, provide date: _____ • If

no:

○ Adacel or equivalent given: Date: _____

Health Care Provider Signature: _____ **Date:** _____

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 junior or adult 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 documented proof that they have received the initial primary series of Hepatitis B vaccine.
- 3) If the student has never received the Hepatitis B vaccine provide the 3 dose adult 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 blood work results are negative, student will need a Dose # 4 followed by another lab test one month after.
- 5) If still negative, have dose # 5 & 6 followed by another lab test (Can have up to 6 doses).

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 additional doses:

- Hepatitis B Vaccine (Dose 4). Date: _____
- Lab test results, one-month post dose 4: **Immune**, Hepatitis B: Yes No

d) If **not immune** after additional dose, provide doses 5 and 6:

- 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

Note: Please provide a separate immunization record for any vaccines administered

Health Care Provider Initials: _____ **Date:** _____

Health Care Provider Signature and Identification

To be completed by any 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 a professional identification stamp.

Signature: _____

Printed Name: _____

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

Initials: _____

Phone Number: _____

Signature: _____

Printed Name: _____ Designation

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

Initials: _____

Phone Number: _____



Section B: Other Medical Requirements

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

Our health care and community 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/covid 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.

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.

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 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: _____

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
Standard First Aid and CPR Level C Certification- Due by October 18 th , 2024 (not to expire before April 30 th , 2025)		
Workplace Hazardous Materials Information System (WHMIS) Certification- Due by October 18 th , 2024		
Ontario Worker Health and Safety Awareness (OWHSA) Certification- Due by October 18 th , 2024		
Authorization to Release HealthCare and Police Information Form- Due by October 18 th , 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 with 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 centre/ 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?	Was it signed by health care provider?	Are all the required documents attached? (proof of immunization/blood lab report)
Measles Mumps and Rubella (MMR)	→	→	→
Tuberculosis Screening	→	→	→
Varicella (Chicken Pox)	→	→	→
Tetanus/Diphtheria (Td)	→	→	→
Pertussis	→	→	→
Polio	→	→	→
Hepatitis B	→	→	→
Section B – Mandatory Other Medical Requirements	Did I complete?	Do I have the required documents attached	
COVID/Influenza Vaccine Immunization (optional)	→	→	
Section C – Mandatory Nonmedical Requirements	Did I complete?	Do I have the required documents attached (certificates)?	
Standard First Aid and CPR Level C Certification	→	→	
Workplace Hazardous Materials Information System (WHMIS) Certification	→	→	

Ontario Worker Health and Safety Awareness (OWHSA)	→	→
Authorization to Release Form	→	→
Section D: Student Health Form Agreement	Did I read, sign, and date	
Student Health Form Agreement	→	