

Program and Student Details

Student Name:	Student ID:	
Program Name: Early Childhood Education (Pembroke)	Code (#): 0430X	Semester: 1, 2, 3
Requirements Due:		

Student Instructions for Mandatory Requirements

- Review the requirements checklist below:

SECTION	REQUIREMENT	Ensure all requirements are complete with records and certificates included
Section A – Medical Requirements <i>(Completed and signed by Health Care Provider)</i>	Measles Mumps and Rubella (MMR)	<input type="checkbox"/>
	Varicella (Chickenpox)	<input type="checkbox"/>
	Tetanus/Diphtheria (Td)	<input type="checkbox"/>
	Pertussis	<input type="checkbox"/>
Section B – Non-Medical Requirements	Standard First Aid and CPR Level C	<input type="checkbox"/>
	Vulnerable Sector Police Check	<input type="checkbox"/>
	WHMIS	<input type="checkbox"/>
	OHSA	<input type="checkbox"/>

- Access the **Algonquin College Placement Pass** website for the most current Pre-Placement Health Form Package: <https://algonquincollege.placementpass.ca/>
- Book an appointment with a Physician or Nurse Practitioner.
- Bring vaccine records, public health forms or documents (including childhood records) that show your immunization history to your appointment.
- Provide **Section A** (instructions and forms) to your health care provider to complete and sign/stamp. RNs/RPNs may also co-sign portions of the form.
- Ensure your Health Care Provider (HCP) provides you with the following documents so you can submit these to Placement Pass with the health forms:
 - Vaccine records (for proof of immunization).
 - Lab blood test results.
- Complete **Section B: Mandatory Non-Medical Requirements**.
- Complete checklist (above) to ensure all requirements are met for both sections (A & B):
 - Section A (all pages) completed, initialed, and signed by your Health Care Provider.
 - Your blood lab reports.
 - Your immunization vaccine records including childhood records, if available. Ensure your **NAME** is on each record.
 - Section B certificates or proof of completion for any non-medical requirement.
- Scan, label, and submit all documents to the website located at <https://algonquincollege.placementpass.ca/>
- Verify that documents are clear and legible before submitting them to the Placement Pass.
- Ensure vaccine records that are not in English include the original document and an officially translated English copy.

Health Care Provider Instructions for Mandatory Medical Requirements

1. Complete Section A in its entirety and provide an attesting signature/initial where indicated.
2. Provide the student a copy of vaccine records for vaccines administered and lab results for lab tests completed.
Note: Immunization requirements listed follow the standards outlined in: The Canadian Immunization Guide (Part 3) Vaccination of Specific Populations - Workers and Student Placements, The Canadian Tuberculosis Standards (2007), and the OHA/OMA Ontario Hospitals Communicable Disease Surveillance Protocols.
3. Use the following instructions when completing the following subsections:
 - a. **Measles Mumps and Rubella (MMR):**
 - i. Fulfill one of these three criteria:
 - 1 documented dose, **or**
 - Proof of immunity (blood test), **or**
 - If born before 1970, assumed to have natural immunity.*Note: This vaccine is not recommended (contraindicated) when pregnant. Pregnancy should be avoided for 3 months post immunization.*
 - b. **Varicella (Chickenpox):**
 - i. Fulfill one of these three criteria:
 - 2 doses of Varicella vaccine, **or**
 - Proof of immunity (blood test), **or**
 - A history of chickenpox or shingles after 1 year of age (self-reported).*Note: This vaccine is not recommended (contraindicated) when pregnant. Pregnancy should be avoided for 3 months after a Varicella vaccination has been given.*
 - c. **Tetanus/Diphtheria (Td) and Pertussis:**
 - i. 1 dose of Tdap in adulthood, then 1 dose of Td every 10 years.
*Note: National Advisory Commission on Immunization (NACI) as well as the OHA Surveillance Protocols recommends that all adults 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.***
4. Complete Health Care Provider Signature and Identification subsection.
 - i. To be completed by each health care provider who has provided information in Section A (to match initials on the form to signature).

! Do not leave any sections blank – If not applicable, please complete with “N/A”. If drawn, provide the student with a copy of the lab report/results (attach laboratory blood report) for each of the following:

Student Name: _____ Student ID: _____

MEASLES MUMPS AND RUBELLA (MMR)	Dose 1
OPTION #1 – Date Vaccine Administered:	YYYY/MM/DD
OPTION #2 – Serology	Immune to MMR? Attach lab report. <input type="checkbox"/> Yes <input type="checkbox"/> No
OPTION #3 – Born before 1970	Assumed to have natural immunity. <input type="checkbox"/> Yes <input type="checkbox"/> No

Health Care Provider Initials:

VARICELLA (CHICKENPOX)	Dose 1	Dose 2
OPTION #1 – Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD
OPTION #2 – Serology	Immune to Varicella? Attach lab report. <input type="checkbox"/> Yes <input type="checkbox"/> No	
OPTION #3 – Self-Reported History	Date of disease:	YYYY/MM/DD

Health Care Provider Initials:

TETANUS/DIPHTHERIA (TD) AND PERTUSSIS	Date Vaccine Administered
Tdap booster:	YYYY/MM/DD
Td booster:	YYYY/MM/DD

Received one dose of **Tdap** after 18th birthday? Yes No Health Care Provider Initials:

Student Name: _____

Student ID: _____

Health Care Provider Signature & Identification		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	<input type="checkbox"/> MD <input type="checkbox"/> RN (EC) <input type="checkbox"/> RN/RPN <input type="checkbox"/> PA	
Phone Number:	() -	

Health Care Provider Signature & Identification		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	<input type="checkbox"/> MD <input type="checkbox"/> RN (EC) <input type="checkbox"/> RN/RPN <input type="checkbox"/> PA	
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Health Care Provider Signature & Identification		Professional Identification Stamp:
Printed Name:		
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Designation:	<input type="checkbox"/> MD <input type="checkbox"/> RN (EC) <input type="checkbox"/> RN/RPN <input type="checkbox"/> PA	
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|---|---|
| ! | <ul style="list-style-type: none"> ▶ Review your communication from your program to find out when to obtain these requirements including date to apply and any other special instructions. ▶ Ensure annual requirements remain valid until completion of your academic year. ▶ Submit supporting documents in PDF format, if possible. ▶ Verify that documents are clear and legible before submitting to the Placement Pass website. |
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NON-MEDICAL REQUIREMENTS

Standard First Aid and CPR Level C – valid for 3 years
Vulnerable Sector Police Check – within 6 months of placement start date
Workplace Hazardous Materials Information System (WHMIS) – no expiry
Ontario Worker Health and Safety Awareness (OHSA) – no expiry