

Pre-Placement Health Form

SECTION B: Mandatory Non-Medical

Program Name: Pembroke – Social Service Worker	Code (#): 0432X	Year: 2
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Yearly Requirements to be uploaded by:

Required documents to remain valid until:

Fall Start: **August 28, 2026**

Fall Start: **April 30, 2027**

Student Instructions for Mandatory Requirements



- ▶ Verify that documents are clear and legible before submitting to the Placement Pass website.
- ▶ Access the Algonquin College Placement Pass website for the most current Pre-Placement Health Form Package: algonquincollege.placementpass.ca.

1. Review the requirements checklist below: **(check to ensure all items are still valid or require updating)**

SECTION	REQUIREMENT	Ensure all requirements are valid, upload new information only to Paramed
Section A – Medical Requirements <i>(Completed and signed by Health Care Provider)</i>	Tuberculosis Screening	<input type="checkbox"/>
	Measles, Mumps and Rubella (MMR)	<input type="checkbox"/>
	Varicella (Chicken Pox)	<input type="checkbox"/>
	Tetanus/Diphtheria	<input type="checkbox"/>
	Pertussis	<input type="checkbox"/>
	Polio	<input type="checkbox"/>
	Hepatitis B	<input type="checkbox"/>
	Influenza:	<input type="checkbox"/>
	COVID-19	<input type="checkbox"/>
Section B – Non- Medical Requirements	CPR Level C Certificate	<input type="checkbox"/>
	Vulnerable Sector Police Check	<input type="checkbox"/>
	Student Agreement	<input type="checkbox"/>

2. Book an appointment with a Physician, Nurse Practitioner, or Algonquin College Health Services.
3. Bring vaccine records, public health forms or documents (including childhood records) that show your immunization history to your appointment.
4. Provide **Section A** (instructions and forms) to your health care provider to complete, and sign/stamp.
Note: *RNs/RPNs may also co-sign portions of the form.*
5. Ensure your health care provider provides you with the following documents so you can submit these to Placement Pass with the health forms:
 - a. Vaccine records (for proof of immunization),
 - b. Lab blood results, and
 - c. Chest X-ray report, if required.
6. Complete **Section B:** Mandatory non-medical requirements
7. Complete checklist (above) to ensure all requirements are met for both sections (A & B):
 - d. Section A (both pages) completed, initialed, and signed by your Health Care Provider
 - e. Your blood lab reports and, if required, Chest X-Ray report
 - f. Your immunization vaccine records including childhood records if available. Ensure your **name** is on each record.
 - g. Section B certificates or proof of completion for any non-medical requirement
 - h. Signed student agreement
8. Scan, label, and submit all documents to the website located at Algonquincollege.placementpass.ca

Students who started a vaccine series will receive a temporary exception after two doses. Once available, they will submit

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vaccine records and/or blood test results confirming completion.

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. **Tuberculosis Screening:**
 - i. 2- step TB Mantoux skin test is required regardless of BCG history. TB tests should be given 1 to 3 weeks apart.
 - ii. TB test is invalid if it is given in the 30-day period following the administration of any live vaccines. Ensure TB testing is complete before giving any live vaccines.
 - iii. If a student was positive from a previous 2-step skin test, a TB test is not required; instead, proceed to a chest X-ray.
 - iv. For any student who had completed a negative 2 step TB test, complete a 1-step only
 - v. For any student who tests positive:
 - Include date and results from any previous positive TB skin testing
 - A chest X-ray is required (within 6 months of your program start, valid for 2 years)
 - Indicate any treatments that have been started.
 - Complete assessment and document on form if the student is clear of signs and symptoms of active TB. (This is an annual requirement)
 - b. **Influenza (Flu) OPTIONAL unless required by host agency**
 - i. Only applicable during flu season (October to the end of April)
 - ii. Influenza vaccine is strongly recommended for the indicated program.
 - iii. If a medical exemption to flu vaccination is indicated, the document must follow current NACI recommendations.

Note: Student must sign the influenza waiver if they do not intend to get the seasonal flu shot (see page 2, Section A).
 - c. **COVID-19 OPTIONAL unless required by host agency**
 - d. Proof of vaccination is required for each dose (including booster) of COVID-19 vaccine, or
 - ii. If a medical exemption to COVID-19 vaccination is indicated, a medical note is required which follows the process as outlined in the current NACI guidelines for a physician requested medical exemption of COVID-19 immunization. It must include:
 - the medical reason they cannot be vaccinated for COVID-19, and
 - the effective time period for the medical reason (i.e., permanent, or time-limited).

Note: Student must sign the COVID-19 waiver if they do not intend to get some or any of the COVID-19 immunization doses. (See page 2, Section A)
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)

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! 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: _____

TUBERCULOSIS SCREENING	Date Administered	Date Read <i>(48-72 hours from testing)</i>	Results * <i>(Induration in mm)</i>
Initial 2-Step Mantoux Test - Mandatory			
1-step	YYYY/MM/DD	YYYY/MM/DD	_____mm
2-step (7 – 28 days after 1-step)	YYYY/MM/DD	YYYY/MM/DD	_____mm
1-step if the initial 2-step TB skin test has been completed previously with negative results (record date of previous 2-step in space above).	YYYY/MM/DD	YYYY/MM/DD	_____mm

*10 mm or more - Chest X-ray results: Positive Negative N/A Date of Chest X-Ray: _____ YYYY/MM/DD

Signs/symptoms of active TB on physical exam? Yes No Health Care Provider Initials:

INFLUENZA (FLU)	Seasonal Dose
Date Vaccine Administered:	YYYY/MM/DD
Product Name:	

Provide vaccine record or Health Care Provider signature:

<p>Influenza Waiver: Students who choose not to have the annual influenza vaccine for medical or personal reasons must sign to acknowledge their awareness of susceptibility to the disease and of the implications for clinical placement and lost time.</p>	<p>I understand that the Academic Program encourages students to have an annual influenza vaccine. I have selected to waive this immunization based on medical and/or personal reasons. I am aware that I may be susceptible to influenza, and I understand that I may not be eligible to attend clinical placement.</p> <p>Student Signature: _____</p>
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COVID-19	Dose 1	Dose 2
Full Series <i>Provide vaccine record</i>	Date Vaccine Administered:	YYYY/MM/DD
	Product Name:	
Booster Dose(s) <i>Provide vaccine record</i>	Date Vaccine Administered:	YYYY/MM/DD
	Product Name:	

<p>COVID-19 Waiver: Booster doses are strongly recommended as these requirements are based on the placement organizations and their policies and subject to change.</p>	<p>By signing this waiver, I understand that if I fail to submit proof of vaccination for COVID-19 or medical documentation outlining why I am unable to receive the COVID-19 vaccine, I may be unable to attend clinical placement due to placement agency requirements, thereby jeopardizing successful completion of the program.</p> <p>Student Signature: _____</p>
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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	
Phone Number:	() -	

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SECTION B: Mandatory Non-Medical Requirements

Student Name: _____ Student ID: _____

Program Name: Pembroke – Social Service Worker	Code (#): 0423X	Year: 2
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Yearly Requirements to be uploaded by:
 Fall Start: **August 26, 2026**

Required documents to remain valid until:
 Fall Start: **April 30, 2027**

!	<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 (see dates above). ▶ Submit supporting documents in PDF format, if possible. ▶ Please verify that documents are clear and legible before submitting to the Placement Pass website.
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NON-MEDICAL REQUIREMENTS
<p>CPR/First Aid C Certificate:</p> <ul style="list-style-type: none"> ▶ Fall Semester Start: Must be valid until April 30, 2027 ▶ Date: _____
<p>Criminal Record and Vulnerable Sector Police Check: must be completed every year.</p> <ul style="list-style-type: none"> ▶ Fall Semester Start: Must be dated after May 31st, 2026 ▶ Date: _____
<p>Student Agreement completed</p>