

Student Name: \_\_\_\_\_ Student number: \_\_\_\_\_

## Clinical/Field Pre-Placement Health Form

**Program Name:** Fitness and Health Promotion **Program Code (#):** 3010X

**Program Year:** Year 2- for both Woodroffe Campus and AC Online

### Submit to Placement Pass:

1. This form signed by you
2. Any certificates and documents as listed on page 2

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

**Section A: Mandatory Medical Requirements:** Not required for this program

**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/>

Student Name: \_\_\_\_\_ Student number: \_\_\_\_\_

### Section B: Other Medical Requirements

#### COVID-19 Vaccine: Non-Mandatory

**Instructions:**

It is recommended that students be fully vaccinated against COVID-19 by receiving either dose #1 and #2 of a COVID two dose vaccine recognized by Health Canada or one dose of the J&J Janssen vaccine

Prior to attending clinical placement, students that are vaccinated are requested to submit their proof of vaccination to <https://algonquincollege.placementpass.ca> Your COVID-19 vaccines can be submitted anytime without a 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:**

Date of COVID-19 vaccine: \_\_\_\_\_  
Type of COVID-19 vaccine: \_\_\_\_\_

### 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) Student is to complete the Date of Issue and Expiry Date.
- 3) Certificates are to remain valid until the completion of your academic year.

Non-Medical Requirements	Date Issued	Expiry Date
CPR Level C Certificate (Is valid for 1 year)		
Standard First Aid Certificate (Valid for 3 years)		
Criminal Record Check and Judicial Matters ( <b>Level 2</b> ) Is valid for 1 year		
International students only: International student work permit		
WHMIS		
Occupational Health & Safety Awareness (OHSA)		

## 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 located on the student status and clearance reports, 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. If, for any reason, there is a dispute related to payment of the services, I acknowledge and agree that the authorizations granted by Paramed may be revoked and in such case, I shall have no recourse against Paramed in respect of the same. 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**

- This form signed by you the student
- Certificate or proof of completion for any non-medical requirements

<b>Section A– Mandatory Medical Requirements- Not Required</b>		
<b>Section B – Other Medical- Not Required</b>	<b>Did I complete?</b>	<b>Do I have the required documents attached?</b>
COVID Immunization	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section C – Mandatory Non-Medical Requirements</b>	<b>Did I complete?</b>	<b>Do I have the required documents attached (certificates)?</b>
CPR Level C Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Standard First Aid Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Record Check and Judicial Matters <b>(Level 2)</b>	<input type="checkbox"/>	<input type="checkbox"/>
International students only: International student work permit	<input type="checkbox"/>	<input type="checkbox"/>
WHMIS	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Health & Safety Awareness (OHSA)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section D – Student Health Form Agreement</b>	<b>Did I read, sign, and date</b>	
Student Health Form Agreement	<input type="checkbox"/>	