

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

**Clinical/Field Pre-Placement Health Form**

**Program Name:** Veterinary Technician      **Program Code (#):** 6320X  
**Program Year:** Year 1

**Student Instructions for Mandatory Medical Requirements**

1. Book an appointment with a Health Care Provider (Physician or Nurse Practitioner)
2. Bring to your appointment your immunization records
3. Advise your Health Care Provider to review, complete and sign/ stamp the Pre-Placement Health Form in **Section A- Year 1 Mandatory Medical Requirements.** (RNs/ RPNs may also co-sign portions of the form) **Please complete pages 3 and 4.**

Please read and follow all detail instructions for these medical requirements:

Tetanus, Diphtheria	Vaccine records showing Initial primary series completed with booster if more than 10 years
Rabies	If the student has no-pre-exposure to the rabies vaccine complete initial primary series. If the student has previous pre-exposure to the rabies vaccine determine immunity with a blood test- booster dose if required
Covid	Primary vaccination series and booster are recommended but are not required to clear for placement.

4. Ensure you are provided with **vaccine records for proof of immunization and lab blood results** These documents are required for submission to Placement Pass

**Section B: Other Medical Requirements:** To be completed by you, the student.

**Section C: Mandatory Non-Medical Requirements** To be completed by you, the student.

**Section D: Student Agreement:** To 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. Please provide students a copy of any vaccine records and lab results for any vaccines administered and lab tests completed. Immunization requirements listed before each section follow the standards outlined in:

The Canadian Immunization Guide- Part 3- Vaccination of Specific Populations- Workers and Student Placements

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 on this Clinical Pre-placement Health Form in the shaded areas provided. Please also provide an attesting signature at the end of the 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 Note:**

Update published September 28, 2021

NACI recommends that COVID-19 vaccines may be given concomitantly with, or at any time before or after, other vaccines including live, non-live, adjuvanted, or unadjuvanted vaccines.

**Please ensure you have reviewed, completed and signed the required shaded areas in Section A.**

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

**Tetanus/Diphtheria (Td)**

**Instructions**

1) Initial primary series completed with booster if more than 10 years.

Immunization	Yes	No	Date
Initial primary series completed	<input type="checkbox"/>	<input type="checkbox"/>	
Booster up to date	<input type="checkbox"/>	<input type="checkbox"/>	
Booster given (if required)	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide vaccine records or record doses administered here:

Vaccine Administered-	Date:
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Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rabies**

**Instructions**

1) If the student has **no-pre-exposure to the rabies vaccine**: Complete initial primary series as follows:

- Dose #1: as soon as possible.
- Dose #2: 7 days after dose #1.
- Dose #3: 21 days after dose #1.

Please provide a vaccine record- or record dose administered below

Rabies Vaccine Administered- Dose #1:	Date:
Rabies Vaccine Administered- Dose #2:	Date:
Rabies Vaccine Administered- Dose #3:	Date:

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Serology one month following dose #3.

2) If the student **has previous pre-exposure to the rabies vaccine** proceed as follows:

- Provide proof of previously completed pre-exposure vaccination.
- Perform serology test to determine immunity level. If results are:
  - Below 0.5 IU/ml: Provide booster and perform serology one month post-booster to confirm immunity.
  - Above 0.5 IU/ml: no action required.
- Lab test results, post initial primary series: Immune?  Yes  No
- Lab Result \_\_\_\_\_

**Please provide copies of all lab results**

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

- If not immune and initial primary series **completed**, provide booster.

Please provide a vaccine record- or record dose administered below

Rabies Vaccine Administered- booster:	Date:
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Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Lab test results, post initial primary series: Immune?  Yes  No
- Lab Result \_\_\_\_\_

### Health Care Provider Signature and Identification

To be completed by any the 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 professional identification stamp.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Initials: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

## Section B: Other Medical Requirements

### COVID-19 Vaccine: Recommended but not required

#### Instructions:

It is recommended for all students to be fully vaccinated against COVID-19. Students are required to have received either **dose #1 and #2 of a COVID two dose vaccine recognized by Health Canada or 1 dose of the J&J Janssen vaccine**. All students are required:

- to show proof of vaccination for each dose of COVID-19 vaccine
- or**
- show medical documentation outlining why they aren't vaccinated.

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. **Booster doses are strongly recommended as these requirements are based on the placement organizations and their policies and subject to change.**

#### 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 #3:**

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

By signing below, 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 am unable to attend clinical placement due to facility requirements, thereby jeopardizing successful completion of the program.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Your COVID-19 vaccine record can be submitted at any time without a fee to  
<https://algonquincollege.placementpass.ca/>

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

### 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) Student is to complete the Date of Issue and Expiry Date
- 2) Requirements are not to expire prior to completion of the academic year **30 April 2023**

Non-Medical Requirements	Date Issued	Expiry Date
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, 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 initialled and signed by your Health Care Provider
- Your blood lab reports
- 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

<b>Section A– Mandatory Medical Requirements</b>	<b>Was Section A completed and signed by the health care provider?</b>	<b>Are all the required documents attached?</b>
Tetanus/Diphtheria (Td)	<input type="checkbox"/>	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section B- Other Medical Requirements Recommended</b>	<b>Did I complete all sections</b>	<b>Do I have the required documents attached?</b>
COVID-19 Immunization (recommended)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section C – Mandatory Non-Medical Requirements</b>	<b>Did I complete all sections</b>	<b>Do I have the required documents attached?</b>
WHMIS	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Health & Safety Awareness	<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"/>	