

Student name: _____ Student number: _____

Clinical/Field Pre-Placement Health Form

Program Name: Veterinary Technician

Program Code (#): 6320X

Program Year: Year 2

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 page 3.**

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

Rabies	Submit blood work results showing titre of immunity level. Obtain booster as required.
Tetanus/Diphtheria	Submit booster dose if required (one dose every 10 years is required).

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

Section C: Mandatory Non-Medical Requirements: To be completed by 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: _____

Rabies

Instructions:

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

- Perform serology test to determine immunity level. If results are:
 - a. Below 0.5 IU/ml: Provide booster and perform serology one month post-booster to confirm immunity.
 - b. Above 0.5 IU/ml: no action required.
- Lab test results: Immune? Yes No
- Lab Result _____

Please provide copies of all lab results

- 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: _____

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: _____

Please provide professional identification stamp if available

Student name: _____ Student number: _____

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 in PDF format

- All pages of the Pre-Placement Health Form
- Your blood lab reports and COVID vaccine records

Section A– Mandatory Medical Requirements	Was Section A completed and signed by the health care provider?	Are all the required documents attached?
Rabies	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus/Diphtheria (if expired)	<input type="checkbox"/>	<input type="checkbox"/>
Section B- Non-Medical Requirements	Did I complete all sections	Do I have the required documents attached?
Police Check	<input type="checkbox"/>	<input type="checkbox"/>
Section D – Student Health Form Agreement	Did I read, sign, and date	
Student Health Form Agreement	<input type="checkbox"/>	