

### Program Details

Program Name:      Veterinary Assistant

Code (#):1612X

Year:1

Requirements Due: \_\_\_\_\_

### Student Instructions for Mandatory Requirements

1. Review the requirements checklist below

SECTION	REQUIREMENT	Ensure all requirements are complete with records and certificates included
<b>Section A – Medical Requirements</b> <i>(Completed and signed by Health Care Provider)</i>	Tetanus/Diphtheria (Td)	<input type="checkbox"/>
	Rabies	<input type="checkbox"/>
<b>Section B – Non-Medical Requirements</b>	WHMIS	<input type="checkbox"/>
	Workplace Health and Safety Awareness (OHSA)	<input type="checkbox"/>

2. Access the **Algonquin College Placement Pass** website for the most current Pre-Placement Health Form Package: [Algonquincollege.placementpass.ca](http://Algonquincollege.placementpass.ca)
3. Book an appointment with a Physician or Nurse Practitioner
4. Bring vaccine records, public health forms or documents (including childhood records) that show your immunization history to your appointment.
5. 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.*
6. 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.
7. Complete **Section B:** Mandatory non-medical requirements
8. Complete checklist (above) to ensure all requirements are met for both sections (A & B):
  - a. Section A (both pages) completed, initialed, and signed by your Health Care Provider
  - b. Your blood lab reports and, if required, Chest X-Ray report
  - c. Your immunization vaccine records including childhood records if available. Ensure your **name** is on each record.
  - d. Section B certificates or proof of completion for any non-medical requirement
9. Scan, label, and submit all documents to the Placement Pass website located at: [Algonquincollege.placementpass.ca](http://Algonquincollege.placementpass.ca)
  - ▶ Students who started a vaccine series will receive a temporary exception after two doses. Once available, they will submit vaccine records and/or blood test results confirming completion.
  - ▶ Verify that documents are clear and legible before submitting to the Placement Pass website.
  - ▶ Fees are charged for **each submission** except for flu and COVID records.

**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.

**Tetanus/Diphtheria (Td) and Pertussis:**

- a. Vaccine records showing an initial primary series are required.
- b. If there are no records available, give adult primary series of 3 doses, dose #1 Tdap.
- c. **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.*

**Rabies:**

i. 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

i. 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.

**3. Complete Health Care Provider Signature and Identification subsection.**

- a. To be completed by each health care provider who has provided information in Section A (to match initials on the form to signature)

## Pre-Placement Health Form

### SECTION A: Health Care Provider Form

**!** 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: \_\_\_\_\_

TETANUS/DIPHTHERIA (TD) AND PERTUSSIS	Tdap booster	Dose 2	Dose 3
Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD

Initial primary series completed?  Yes  No If no, provide primary series 3 doses HCP Initials:

RABIES		Dose 1	Dose 2	Dose 3
<b>Full Series</b> <i>Provide vaccine record</i>	Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Product Name:			
<b>Booster Dose(s)</b> <i>Provide vaccine record</i>	Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Product Name:			
<p><b>Rabies Waiver:</b> Rabies vaccination mandatory for your program as these requirements are based on the placement organizations.</p>		<p>By signing this waiver, I understand that if I fail to submit proof of vaccination for rabies or medical documentation outlining why I am unable to receive the rabies vaccine, I may be unable to attend clinical placement due to placement agency requirements, thereby jeopardizing successful completion of the program.</p> <p><b>Student Signature:</b></p> <p>_____</p>		<p><b>If the student has previous pre-exposure to the rabies vaccine proceed as follows:</b> Provide proof of previously completed pre-exposure vaccination. • Perform serology test to determine immunity level. If results are: <b>a.</b> Below 0.5 IU/ml: Provide booster and perform serology one month post-booster to confirm immunity. <b>b.</b> Above 0.5 IU/ml: no action required. • Lab test results, post initial primary series: <b>Immune?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No • <b>Lab Result:</b></p> <p>_____</p>

**Pre-Placement Health Form**  
**SECTION A: Health Care Provider Form**

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:	(       )       -	

# Pre-Placement Health Form

## SECTION B: Mandatory Non-Medical Requirements

### Student Details

Student Name: \_\_\_\_\_ Student ID (#): \_\_\_\_\_

Program Name: \_\_\_\_\_ Code (#): \_\_\_\_\_ Year: \_\_\_\_\_

Yearly Requirements to remain valid until:

- Fall Start (**June 1**)    
  Winter Start (**September 1**)    
  Spring Start (**December 15**)

!

- ▶ 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.
- ▶ Verify that documents are clear and legible before submitting to the Placement Pass website.

### NON-MEDICAL REQUIREMENTS

WHMIS
Workplace Health and Safety Awareness (OHSA)