

**Program and Student Details**

<b>Student Name:</b>	<b>Student ID:</b>	
<b>Program Name:</b> Developmental Services Worker (DSW)	<b>Code (#):</b> 0436A	<b>Year:</b> 2
<b>Requirements Due:</b>		

**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>	Tuberculosis (TB) Screening	<input type="checkbox"/>
	Completion of Temporary Exceptions	<input type="checkbox"/>
	Hepatitis B	<input type="checkbox"/>
<b>Section B – Non-Medical Requirements</b>	Vulnerable Sector Police Check	<input type="checkbox"/>
	CPR Level C	<input type="checkbox"/>
	<b>International Students Only:</b> International Study Permit	<input type="checkbox"/>

2. Access the **Algonquin College Placement Pass** website for the most current Pre-Placement Health Form Package: <https://algonquincollege.placementpass.ca/>
3. Book an appointment with a Physician or Nurse Practitioner.
4. Provide **Section A** (instructions and forms) to your health care provider to complete and sign/stamp. RNs/RPNs may also co-sign portions of the form.
5. Ensure that any requirements that were previously given a temporary exception are completed. Ask your Health Care Provider (HCP) to provide the following documents for submission to Placement Pass with your health forms:
  - a. Vaccine records (for proof of immunization).
  - b. Lab blood test results.
  - c. Request a copy of your chest X-ray report from your Health Care Provider if new (updated) from last submission.
6. Complete **Section B: Mandatory Non-Medical Requirements**.
7. Complete checklist (above) to ensure all requirements are met for both sections (A & B):
  - a. Section A (all pages) completed, initialed, and signed by your Health Care Provider.
  - b. For temporary exception completion – submit blood lab reports and vaccine records. Ensure your **NAME** is on each record.
  - c. Chest X-Ray report, if required.
  - d. Section B certificates or proof of completion for any non-medical requirement.
8. Scan, label, and submit all documents to the website located at <https://algonquincollege.placementpass.ca/>
- Verify that documents are clear and legible before submitting them to the Placement Pass.
- Ensure vaccine records that are not in English include the original document and an officially translated English copy.

**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 (TB) Screening:**
    - i. Students who previously tested negative are required to have a **repeat 1-step TB skin test**. TB screening is valid for 1 year and the date is not to expire before completion of the academic year.
    - ii. 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.
    - iii. For any student who tests positive:
      - A chest X-ray is required (valid for 2 years).
      - Complete assessment and document on form if the student is clear of signs and symptoms of active TB. This is an annual requirement.
  - b. **Completion of Temporary Exceptions**
    - i. Only applicable to students cleared on temporary exceptions in the previous term.
    - ii. Proof of completion is required for any vaccine series previously granted a temporary exception (e.g., Polio, Tetanus/Diphtheria [Td], Hepatitis B).
  - c. **Hepatitis B**
    - i. Only applicable to students cleared on temporary exceptions in the previous term.
    - ii. Submit updated vaccine records confirming completion of the 3-dose series, **AND** a lab test confirming immunity (anti-HBs/HBsAb).
    - iii. If immunity is not achieved after the initial 3-dose primary series:
      - Receive a booster dose (dose #4) as soon as possible.
      - Serology is required 30 days after dose #4.
    - iv. If serology results remain < 10 IU/L after dose #4, continue the second vaccine series (dose #5 and dose #6) until completion, with repeat lab test 1 month after the final dose.
4. Complete Health Care Provider Signature and Identification subsection. 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

!

- ▶ All students are required to complete their annual 1-step TB Test or have HCP update the TB medical note if TB positive (i.e., "Date of Assessment").
- ▶ The remaining sections only apply to students previously cleared on temporary exceptions who need to complete a vaccine series in order to maintain their clearance status.
- ▶ 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 (TB) SCREENING	Date Administered	Date Read (48-72 hours from testing)	Results* (Induration in mm)
<b>If previous 2-step TB test was <u>NEGATIVE</u></b>			
Annual 1-step	YYYY/MM/DD	YYYY/MM/DD	_____ mm

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

Signs/symptoms of active TB on physical exam?     Yes     No    Date of Assessment: \_\_\_\_\_ YYYY/MM/DD

Health Care Provider Initials: ○

TETANUS/DIPHTHERIA (TD) SERIES COMPLETION (if applicable)	Dose 3
Date Vaccine Administered:	YYYY/MM/DD

Initial primary series completed? Attach vaccination records.     Yes     No (If no, provide primary series of 3 doses)

Health Care Provider Initials: ○

POLIO SERIES COMPLETION (if applicable)	Dose 3
Date Vaccine Administered:	YYYY/MM/DD

Initial primary series completed? Attach vaccination records.     Yes     No (If no, provide primary series of 3 doses)

Health Care Provider Initials: ○

HEPATITIS B SERIES COMPLETION (if applicable)	Booster / Dose 4	Dose 5	Dose 6
Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
Product Name:			

Do lab test results one-month **post final dose** indicate "immune Hepatitis B"?     Yes     No     N/A

Health Care Provider Initials: ○

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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:	(     )     -	

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:	(     )     -	

**Program and Student Details**

<b>Student Name:</b>	<b>Student ID:</b>	
<b>Program Name:</b> Developmental Services Worker (DSW)	<b>Code (#):</b> 0436A	<b>Year:</b> 2
<b>Requirements Due:</b>		

- |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ! | <ul style="list-style-type: none"> <li>▶ Review your communication from your program to find out when to obtain these requirements including <b>date to apply</b> and any other special instructions.</li> <li>▶ Ensure annual requirements <b>remain valid</b> until completion of your academic year.</li> <li>▶ Submit supporting documents in PDF format, if possible.</li> <li>▶ Verify that documents are clear and legible before submitting to the Placement Pass website.</li> </ul> |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

<b>NON-MEDICAL REQUIREMENTS</b>	
CPR Level C – valid for 1 year	
Vulnerable Sector Police Check – valid for 1 year	
<b>International Students Only:</b> International Study Permit	