

Program and Student Details

Student Name:	Student Number:	
Program Name: Early Childhood Education (ECE)	Code (#): 0430X	Year: 2
Requirements Due:		

Student Instructions for Mandatory Requirements

- Review the requirements checklist below:

SECTION	REQUIREMENT	Ensure all requirements are complete with records and certificates included
Section A – Medical Requirements (Completed and signed by Health Care Provider)	Tuberculosis (TB) Screening	☐
	Completion of Temporary Exceptions	☐
	Hepatitis B	☐
	Influenza (recommended)	☐
	COVID-19 (recommended)	☐
Section B – Non-Medical Requirements	Standard First Aid and CPR Level C	☐
	Vulnerable Sector Police Check	☐

- Access the **Algonquin College Placement Pass** website for the most current Pre-Placement Health Form Package:
<https://algonquincollege.placementpass.ca/>
- Book an appointment with a Physician or Nurse Practitioner.
- 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.
- 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:
 - Vaccine records (for proof of immunization).
 - Lab blood test results.
 - Request a copy of your chest X-ray report from your Health Care Provider if new (updated) from last submission.
- Complete **Section B: Mandatory Non-Medical Requirements**.
- Complete checklist (above) to ensure all requirements are met for both sections (A & B):
 - Section A (all pages) completed, initialed, and signed by your Health Care Provider.
 - For temporary exception completion – submit blood lab reports and vaccine records. Ensure your **NAME** is on each record.
 - Chest X-Ray report, if required.
 - Section B certificates or proof of completion for any non-medical requirement.
- 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.
 - d. **Influenza (Flu):**
 - i. Only applicable during flu season (October to the end of April).
 - ii. Influenza vaccine is strongly recommended for the indicated program.
 - iii. If a medical exemption to flu vaccination is indicated, the document must follow current NACI recommendations.
***Note:** Student must sign the influenza waiver if they do not intend to get the seasonal flu shot (see Section A, page 2).*

Pre-Placement Health Form Health Care Provider Instructions

e. COVID-19:

- i. Proof of vaccination for the primary COVID-19 vaccine series is strongly recommended.
- ii. If a medical exemption to COVID-19 vaccination is indicated, a medical note is required which follows the process as outlined in the current NACI guidelines for a physician requested medical exemption of COVID-19 immunization. It must include:
 - The medical reason they cannot be vaccinated for COVID-19, and
 - The effective time period for the medical reason (i.e., permanent or time-limited).

Note: Student must sign the COVID-19 waiver if they do not intend to get some or any of the COVID-19 immunization doses (see Section A, page 2).

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 Number: _____

TUBERCULOSIS (TB) SCREENING	Date Administered	Date Read (48-72 hours from testing)	Results* (Induration in mm)
If previous 2-step TB test was NEGATIVE			
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: _____

Pre-Placement Health Form

SECTION A: Health Care Provider Form

Student Name: _____

Student Number: _____

INFLUENZA (FLU)	Seasonal Dose
Date Vaccine Administered:	YYYY/MM/DD
Product Name:	
Provide vaccine record or Health Care Provider signature:	
Influenza Waiver: Students who choose not to have the annual influenza vaccine for medical or personal reasons must sign to acknowledge their awareness of susceptibility to the disease and of the <u>implications for clinical placement and lost time</u> .	I understand that the Academic Program encourages students to have an annual influenza vaccine. I have selected to waive this immunization based on medical and/or personal reasons. I am aware that I may be susceptible to influenza, and I understand that I may not be eligible to attend clinical placement.
Student Signature: _____	

COVID-19		Dose 1	Dose 2
Full Series Provide vaccine record	Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD
	Product Name:		
Booster Dose(s) Provide vaccine record	Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD
	Product Name:		
COVID-19 Waiver: Students who choose not to receive the COVID-19 vaccine (including recommended booster dose(s)) for medical or personal reasons must sign to acknowledge their awareness of susceptibility to the disease and of the <u>implications for clinical placement and lost time</u> .		I understand that the Academic Program encourages students to receive the COVID-19 vaccine and recommended booster dose(s). I have chosen to waive this immunization based on medical and/or personal reasons. I am aware that I may be susceptible to COVID-19, and I understand that I may not be eligible to attend clinical placement.	
		Student Signature: _____	

Pre-Placement Health Form

SECTION A: Health Care Provider Form

Student Name: _____ Student Number: _____

Health Care Provider Signature & Identification		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	☐ MD ☐ RN (EC) ☐ RN/RPN ☐ PA	
Phone Number:	() -	

Health Care Provider Signature & Identification		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	☐ MD ☐ RN (EC) ☐ RN/RPN ☐ PA	
Phone Number:	() -	

Health Care Provider Signature & Identification		Professional Identification Stamp:
Printed Name:		
Signature:		
Initials:		
Designation:	☐ MD ☐ RN (EC) ☐ RN/RPN ☐ PA	
Phone Number:	() -	

Pre-Placement Health Form

SECTION B: Mandatory Non-Medical Requirements

Program and Student Details

Student Name:	Student Number:	
Program Name: Early Childhood Education (ECE)	Code (#): 0430X	Year: 2
Requirements Due:		

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- ▶ 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.
- ▶ 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

Standard First Aid and CPR Level C

Vulnerable Sector Police Check – valid for 1 year