

Full-Time Program: (S100) Dental Technology (Fall Term 2024)

3rd Year students: Semester 5 & 6

Full Prerequisites Form deadline: August 9, 2024

3RD YEAR RETURNING STUDENT CHECKLIST & ACTION REQUIRED

- **Important Notice:** If you are planning to continue your studies in this program, it is your **responsibility** to start and meet all the Health Form requirements outlined below. If you **fail** to complete, submit, and upload these requirements to Placement Pass by ParaMed by the given deadline, you will be **excluded** from dental clinical practice which can jeopardize your academic standing & lead to program **withdrawal**. All costs, service fees and fine associated with the overall medical and additional requirements are responsibility of the student.
- Even if you have graduated to another Dental or Health Sciences program either at George Brown College or from another college/university/institution **and/or** has experience working in any dental or health related profession, you are mandatory required to complete all the non-medical certificates below. If you **fail** to do so, you will be **excluded** from clinical/dental/field practice which can jeopardize your academic standing & may lead to program **withdrawal**.

MEDICAL REQUIREMENTS (mandatory except Flu Shot)

Book an appointment with your doctor/Walk-In Clinic. Bring this health form to your appointment and advise your doctor to sign and stamp your health form documents upon completion of all medical requirements. **Please read all detailed instructions on pgs. 2 & 3**

- Tetanus, Diphtheria & Pertussis (*Tdap/ADACEL must be valid every 10 years*) & attach yellow card/immunization record, **pg. 2**
- Seasonal Flu Shot (*recommended every year in November or December*) **pg. 2**
- Measles, Mumps & Rubella (*documentation of two doses of MMR vaccine OR laboratory evidence of immunity*) **pg. 2**
- Varicella (*documentation of two doses of Varivax vaccine OR laboratory evidence of immunity*), **pg. 2**
- Hepatitis B (*ask your doctor to do blood test, ATTACH copies of blood test reports and all immunization records*) **pg. 3**
- Two Consecutive Step Tuberculosis Skin Test, **pg. 3**
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp, **pages 2 & 3**

ADDITIONAL REQUIREMENTS (mandatory)

Please read all detailed instructions on pages 4-5

- CPR level C Certificate (*renew every year and must be valid from Sept 2024-April 2025*)
- Mask Fit Test Certificate (*renew every two years and must be valid from Sept 2024-April 2025*)
- ParaMed Service Fees
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form, **pgs. 2-5**

PARAMED PLACEMENT PASS SERVICE FEES (*rates are subject to change without further notice*)

Once you have everything completed, your final step is to create an account, submit and upload your Health Form documents to **ParaMed Placement Pass** at <https://georgebrowncollege.placementpass.ca/> by the given deadline. All fees are responsibility of the student.

(June 1, 2022 to May 31, 2025)

- Initial Submission Fee - \$59.47 dollars (submission of health form, RN fee, archives & medical access online)
- Resubmission Fee (due to a Deficiency List Form) - \$26.10 dollars

CONTACT US

- **Suzette Martinuzzi**, Pre-placement Coordinator
Telephone: (416) 415-5000 ext. 3415
Email: smartinu@georgebrown.ca
Business Hours and Locations (Appointment only):
Monday to Wednesday (9:00 am-4:00 pm) at 51 Dockside Drive, Room 702, 7th Floor, Waterfront campus, Toronto, ON M5A 0B6
Thursday to Friday (9:00 am-4:00 pm) at 200 King Street East, Main Building "A", 4th Floor, Room 401B, St. James Campus, Toronto, ON M5A 3W8

**3RD YEAR (S100) DENTAL TECHNOLOGY PROGRAM
FULL PREREQUISITES HEALTH FORM (FALL TERM 2024)**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

Submission deadline: August 9, 2024

**MEDICAL REQUIREMENTS (mandatory)
(DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & STAMP)**

Ontario legislation specifies certain surveillance requirements for those individuals entering into healthcare practice settings. The Program policy was developed in accordance with the Communicable Disease Surveillance protocols, as specified under the Ontario Public Health, OHA, OMA, LTCAO and Ontario School Boards to demonstrate students' meet these requirements prior to entering placement settings. This process is necessary to ensure that our students protect their health and safety, and the health and safety of patients, children, seniors, employees and other vulnerable people. The completion of this information is not optional, and all sections must be completed as outlined. Our placement agency partners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your patient is unable to receive a required immunization or Chest X-ray, a medical note of this exclusion must be provided on the form. Even if you have graduated to another Dental or Health Sciences program either in George Brown College or from another college/university/institution **and/or** has experience working in any dental or health related profession, you are mandatory required to complete all the non-medical certificates below. If you **fail** to do so, you will be **excluded** from clinical/dental/field practice which can jeopardize your academic standing & may lead to program **withdrawal**.

1. TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel/Boostrix vaccine must be valid every 10 years) attach a yellow card or any immunization record.

Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix) booster ____/____/____(mm/dd/yyyy)

2. SEASONAL FLU SHOT (recommended every year in November/December)

Seasonal Flu Shot Given Date ____/____/____(mm / dd / yyyy)

3. MEASLES, MUMPS, RUBELLA (MMR) (Two doses vaccine OR laboratory evidence of immunity)

Documentation of receipt of two doses of MMR vaccine on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd Dose date ____/____/____
mm/ dd / yyyy

OR

Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, no booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

4. VARICELLA (CHICKEN POX) (Two doses vaccine OR laboratory evidence of immunity)

Documentation of receipt of two doses of Varivax vaccine on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd Dose date ____/____/____
mm/ dd / yyyy

OR

Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, no booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

Final Signature of doctor/physician/health care professional _____ **(pg. 2)**

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ **(pg. 2)**

George Brown College & ParaMed Agreement Form

Name _____

Program: (S100) Dental Technology-3rd year in Fall Term 2024

I _____ (Print Name) understand that any false statement is grounds for cancellation of admission.

I understand that the college has the right to cancel my admission privilege on the basis of medical information submitted or withheld. I understand that it is my responsibility to inform the appropriate George Brown College personnel of any communicable disease, special need, exception or medical condition which may place me at risk or pose a risk to others at George Brown College or on placement.

I will pay all the services fees and authorize ParaMed to review the above information.

 (Signature) (Date)

Element of Risk

All experiential learning programs, such as field trips, clinical and field placements or job shadowing involve certain elements of risk. Injuries may occur while participating in this activity without any fault of the student, the placement or the college. By taking part in this activity, you are accepting the risk that you may be injured. Following the Health and Safety rules of your placement is required. By signing below you agree that you have reviewed the element of risk and are willing to comply with the Health and Safety Rules of your placement.

If an injury should occur, it must be reported immediately to your supervisor and to your faculty. Completing Workers Safety Insurance Board forms and reporting any injury while participating in placement must take place within **72 hours** of occurrence.

 (Signature) (Date)

Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca
 Virtual Business Hours: 9:00 am to 3:30 pm, by appointment only

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT 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 wellbeing of students and clients in their care.