

### Program Details

Program Name: Paramedic

Code (#): H099

Year: 1

Documentation Deadline: \_\_\_\_\_

### Student Instructions

1. Complete the checklist below.

SECTION	REQUIREMENT	TYPE OF REQUIREMENT	RECORDS, RESULT, REPORT OR CERTIFICATES INCLUDED
<b>Section A – Medical Requirements</b>  <i>This section must be completed and signed by a Health Care Provider</i>	Tuberculosis screening	MANDATORY	<input type="checkbox"/>
	Measles Mumps and Rubella	MANDATORY	<input type="checkbox"/>
	Varicella	MANDATORY	<input type="checkbox"/>
	Tetanus/Diphtheria/Pertussis	MANDATORY	<input type="checkbox"/>
	Polio	MANDATORY	<input type="checkbox"/>
	Hepatitis B	MANDATORY	<input type="checkbox"/>
	Influenza (recommended)	RECOMMENDED	<input type="checkbox"/>
	COVID-19 (Mandatory)	MANDATORY	<input type="checkbox"/>
<b>Section B – Clearance Documents</b>  <i>See last page of health form for details</i>	Vulnerable Sector (VSC) check	MANDATORY	<input type="checkbox"/>
	Standard First Aid/CPR Level C BLS/HCP	MANDATORY	<input type="checkbox"/>
	Mask Fit Test Certificate	MANDATORY	<input type="checkbox"/>
	WHMIS	MANDATORY	<input type="checkbox"/>
	Worker Health & Safety in 4 Steps	MANDATORY	<input type="checkbox"/>
	AODA	MANDATORY	<input type="checkbox"/>
	Copy of Student ID Card	MANDATORY	<input type="checkbox"/>
	Communicable Disease Declaration Form	MANDATORY	<input type="checkbox"/>
	Consent to release of Information Form	MANDATORY	<input type="checkbox"/>
	Student Agreement Form	MANDATORY	<input type="checkbox"/>

2. Access the **Northern College Placement Pass** website, <https://northerncollege.placementpass.ca/>.
3. Book an appointment with a Physician or Nurse Practitioner.
4. Bring vaccine records and public health forms or documents with your immunization history to your appointment.
5. Provide **Section A – Medical Requirements** form to your health care provider to complete and sign/stamp.
6. Ensure your health care provider supplies you with the following documents so you can submit these to Placement Pass with the health forms: Vaccine records (for proof of immunization), Lab blood results, and Chest X-ray report, if required.
7. Complete and follow the instructions for **Section B – Clearance Documents**.
8. Complete the above checklist to ensure you meet all section (A and B) requirements.
  - You may forfeit Work Practicum eligibility if you do not submit all **required documentation** to ParaMed Placement Pass by the specified deadline date.

### Health Care Provider Instructions for 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 Manitoba Health Communicable Disease Surveillance Protocols.

3. Use the following instructions when completing the following subsections:

#### a. Tuberculosis Screening:

- i. A 2-step TB Mantoux skin test is required regardless of BCG history. TB tests should be given 1 to 3 weeks apart.
- ii. A TB test is invalid if it is given in the 30-day period following the administration of any live vaccines. Ensure TB testing is complete before giving any live vaccines.
- iii. 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.
- iv. For any student who had completed a negative 2-step TB test, complete a 1-step only.
- v. For any student who tests positive:
  - Include date and results from any previous positive TB skin testing.
  - Proceed with chest X-ray (within 6 months of program start; this will be valid for 2 years).
  - Indicate any treatments that have been started.
  - Complete assessment and document on form if the student is clear of signs and symptoms of active TB.

**Note:** this is an annual requirement.

#### b. Measles Mumps and Rubella (MMR):

- i. The student will require vaccine records of 2 doses of MMR vaccine **and** a lab blood test showing full immunity.

**Note:** This vaccine is not recommended (i.e., it is contraindicated) in pregnancy. Pregnancy should be avoided for 3 months post immunization.

#### c. Varicella (Chicken Pox):

- i. The student will require vaccine records of 2 doses of varicella vaccine **and** a lab blood test showing evidence of full immunity.

**Note:** This vaccine is not recommended (i.e., it is contraindicated) in pregnancy. Pregnancy should be avoided for three months post immunization.

#### d. Polio:

- i. The student will require vaccine records showing an initial primary series.
- ii. If there are no records available, then give an adult primary series of 3 doses.

**e. Tetanus/Diphtheria/Pertussis (Tdap):**

- i. The student requires vaccine records showing an initial primary series. An adult dose of Tdap is mandatory.
- ii. If there are no records available, give adult primary series of 3 doses with Tdap as dose #1.

**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.**

**f. Hepatitis B:**

The student will require 3 doses of vaccination **and** lab blood test showing full immunity.

- i. If previously immunized, the student must obtain a lab test for evidence of immunity (antigen/antibody). Copies of lab results must be provided.
- ii. If the student has a completed initial primary series documented and serology results are < 10 IU/L, provide a booster dose. Another lab test 30 days following the booster is required to confirm immunity or provide a second vaccine series.
- iii. If the student has not received the Hepatitis B vaccine, provide the initial primary series as follows:
  - Dose # 1 – as soon as possible.
  - Dose # 2 – one month after dose # 1.
  - Dose # 3 – six months after dose # 1.
  - Serology is required 30 days following dose # 3.
- iv. If serology results are < 10 IU/L, dose # 4 is required, followed by another lab test 1 month after.
  - If serology results continue to be < 10 IU/L, continue with vaccination until completed and follow with another lab test after 1 month. (May receive up to 6 doses.)

**g. Influenza (Flu)**

- i. Recommended but not mandatory for this program.
- ii. Only applicable during influenza season (October to the end of April).

**h. COVID-19**

- i. Primary series (2 doses) are mandatory for this program.
- ii. Booster doses are recommended, but are not mandatory.

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

# Pre-Placement Health Form

## Section A – Medical Requirements



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). **Remember to complete Health Care Provider (HCP) Signature and Identification subsection on page 3.**

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

TUBERCULOSIS SCREENING	Date Administered	Date Read (48-72 hours from testing)	Results * (Induration in mm)
<b>Initial 2-Step Mantoux Test – mandatory</b>			
1-step:	YYYY/MM/DD	YYYY/MM/DD	_____ mm
2-step (7 - 28 days after 1-step):	YYYY/MM/DD	YYYY/MM/DD	_____ mm
1-step if the initial 2-step TB skin test has been completed previously with negative results: (record date of previous 2-step in space above)	YYYY/MM/DD	YYYY/MM/DD	_____ mm

\*Chest X-Ray results: ☐Positive ☐Negative ☐N/A Date of Chest X-Ray: YYYY/MM/DD \_\_\_\_\_

Signs and symptoms of active TB on physical exam? ☐Yes ☐No

HCP Initials:  

MEASLES MUMPS AND RUBELLA (MMR)	Dose 1	Dose 2
Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD

Immune to MMR? ☐Yes ☐No Lab report attached? ☐Yes ☐No

HCP Initials:  

VARICELLA (CHICKEN POX)	Dose 1	Dose 2
Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD

Immune to Varicella? ☐Yes ☐No Lab report attached? ☐Yes ☐No

HCP Initials:  

POLIO	Dose 1	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:  

Tetanus/Diphtheria/Pertussis (Tdap)	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:  

HEPATITIS B		Dose 1	Dose 2	Dose 3	Booster
Initial Series	Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Product Name:				
Second Series	Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Product Name:				

Immune to Hepatitis B? ☐Yes ☐No

HCP Initials:  

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

## Pre-Placement Health Form

### Section A – Medical Requirements

#### Student Details

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

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

INFLUENZA Seasonal vaccination recommended but not mandatory	Seasonal Dose
Date Vaccine Administered:	YYYY/MM/DD
Product Name:	
Provide vaccine record or Health Care Provider signature:	
<p>The influenza vaccine is <b>recommended</b> but not mandatory. It is available from October to April every year. All students are encouraged to protect themselves with an annual influenza immunization. Students who have not received the vaccination may be removed from a clinical placement where the placement partner requires proof of influenza immunization in the event of an outbreak. In such cases, any student without vaccination may be denied access to the facility, thereby jeopardizing successful completion of practicum.</p>	

COVID-19 2 doses mandatory, booster recommended but not mandatory		Dose 1	Dose 2
<b>Full Series (Required)</b> <i>Provide vaccine record</i>	Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD
	Product Name:		
<b>Booster Dose (Recommended)</b> <i>Provide vaccine record</i>	Date Vaccine Administered:	YYYY/MM/DD	YYYY/MM/DD
	Product Name:		
Provide vaccine record			
<p>COVID-19 vaccination is <b>not mandatory</b> however, Northern College strongly encourages students to get vaccinated to protect themselves and those around them.</p> <p>Facilities have the right to establish their own mandatory vaccination requirements; unvaccinated students will be ineligible for any placement site where they do not meet such requirements. Placement sites have the right to terminate a practicum experience for unvaccinated students in the event of a COVID-19 outbreak at the facility. Northern College cannot waive site-mandated requirements and does not provide any Work Practicum course substitutes in this program.</p>			

# Pre-Placement Health Form

## Section A - Medical Requirements

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:	(      )      -	

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:	(      )      -	

### Student Details

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

Program Name: Paramedic Code (#): H099 Year: 1

Requirements to remain valid until: \_\_\_\_\_

### Clearance Documents

Vulnerable Sector (VSC) check

Forms: Communicable Disease Declaration, Consent to Release of Information, Student Agreement

Certificates: Mask Fit, CPR Level C/BLS, WHMIS, AODA, Worker Health & Safety in 4 Steps

Copy of ID Badge

### Helpful Information

**Completed Health Record including Immunization and Communicable Disease Report:** (This form must be signed by a physician, or nurse practitioner and accompany a copy of your immunization card, and serology reports showing proof of immunity for MMR, Varicella Zoster, Hep B, Covid, and Two Step Mantoux test results.

**Criminal Reference Check with Vulnerable Person Sector Screen** (Required on an annual basis)

Standard First Aid/CPR Level C BLS/HCP (Certification must have been obtained within the current year and must be renewed annually)

**WHMIS Certificate**

**AODA Certificate** <http://northerncollege.ca/aoda/s1training/splash.html>

**Worker Health & Safety in 4 Steps** <https://www.labour.gov.on.ca/english/hs/elearn/worker/foursteps.php>

**Copy of Student ID Card** (performed on campus, after September 01)

**Mask Fit Testing** (performed on campus, after September 01)

**Seasonal Influenza Vaccination** (available after October 1)

**View all documents before uploading your submission to check for legibility.**

**Scan, label, and submit all documents to the Placement Pass website, <https://northerncollege.placementpass.ca/>.**