



**Section A: To be completed by Healthcare Provider**

**Mumps, Measles, Rubella (MMR):** Proof of immunity (through blood work) to Mumps, Measles and Rubella or documented proof of the 2-dose series is required. If no immunity, the student must provide proof that they have received 2 doses of the MMR vaccine.

1. **Immunity to MMR:** Evidence of immunity to Mumps, Measles and Rubella. **A copy of the lab report must be uploaded to Synergy.** *Serology valid for 10 years.*

**Date blood work completed (dd/mm/yy):** \_\_\_\_\_

**Mumps Immunity:**  Yes  No **Measles Immunity:**  Yes  No **Rubella Immunity:**  Yes  No

2. **MMR Vaccine:** If no immunity, proof of 2 doses of MMR is required. **A copy of the immunization record must be uploaded to Synergy.**

**MMR Dose 1 (dd/mm/yy):** \_\_\_\_\_ **MMR Dose 2 (dd/mm/yy):** \_\_\_\_\_

**Varicella:** Proof of immunity (through blood work) to Varicella or documented proof of the 2-dose series is required. If no immunity, the student must provide proof that they have received 2 doses of the Varicella vaccine.

1. **Immunity to Varicella:** Evidence of immunity to Varicella. **A copy of the lab report must be uploaded to Synergy.** *Serology valid for 10 years.*

**Date blood work completed (dd/mm/yy):** \_\_\_\_\_

**Varicella Immunity:**  Yes  No

2. **Varicella Vaccine:** If no immunity, proof of 2 doses of Varicella is required. **A copy of the immunization record must be uploaded to Synergy.**

**Varicella Dose 1 (dd/mm/yy):** \_\_\_\_\_ **Varicella Dose 2 (dd/mm/yy):** \_\_\_\_\_

**Tetanus/Diphtheria/Pertussis (Tdap):** Completion of the initial series is required with a Tetanus booster, if the last dose was administered more than 10 years ago. **A copy of the immunization record must be uploaded to Synergy.**

1. **Tdap series completed (dd/mm/yy):** \_\_\_\_\_

2. **Tetanus Booster completed (dd/mm/yy):** \_\_\_\_\_

If the student has not completed the initial series (or does not have record), 2 doses are required. **A copy of the immunization record must be uploaded to Synergy.**

1. **Tdap Dose 1 (dd/mm/yy):** \_\_\_\_\_

**Tdap Dose 2 (dd/mm/yy):** \_\_\_\_\_



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**Polio:** Completion of the initial series is required. **A copy of the immunization record must be uploaded to Synergy.**

1. **Polio series completed (dd/mm/yy):** \_\_\_\_\_

If the student has not completed the initial series (or does not have record), 2 doses are required. **A copy of the immunization record must be uploaded to Synergy.**

1. **Polio Dose 1 (dd/mm/yy):** \_\_\_\_\_  
**Polio Dose 2 (dd/mm/yy):** \_\_\_\_\_

**Hepatitis B:** Proof of immunity to Hepatitis B is required through blood work. If non-reactive/no immunity, the student must show proof of 2 doses (minimum). *A third dose/booster should be administered if the recommended interval has passed since the second dose.*

1. **Immunity to Hepatitis B:** Evidence of immunity to Hepatitis B. **A copy of the lab report must be uploaded to Synergy.** *Serology valid for 10 years.*

**Date blood work completed (dd/mm/yy):** \_\_\_\_\_

**Hepatitis B Immunity:**  Yes  No

2. **Hepatitis B Vaccine:** If no immunity, proof of 2 doses (minimum) of Hepatitis B is required. *A third dose/booster should be administered if the recommended interval has passed since the second dose.* **A copy of the immunization record must be uploaded to Synergy.**

**Hepatitis B Dose 1 (dd/mm/yy):** \_\_\_\_\_ **Hepatitis B Dose 2 (dd/mm/yy):** \_\_\_\_\_

**Hepatitis B Dose 3 (dd/mm/yy):** \_\_\_\_\_ **Hepatitis B Booster (dd/mm/yy):** \_\_\_\_\_

**COVID-19 Vaccine:** This vaccine is highly recommended but not mandatory. **Documentation of the COVID-19 vaccine clearly indicating the date received can be uploaded to Synergy.**

**Dose 1 received (dd/mm/yy):** \_\_\_\_\_ **Dose 2 received (dd/mm/yy):** \_\_\_\_\_

*Additional vaccines may be required at the request of the placement agency. It is the student's responsibility to ensure they are following the agency health and safety policies.*

**Additional dose received (dd/mm/yy):** \_\_\_\_\_

**Influenza:** An annual seasonal flu shot is not mandatory but highly recommended. Any student without the vaccination may be in jeopardy of a successful completion of the clinical course in the event of an outbreak at your placement. The influenza vaccine is available from October to March. **Documentation of the influenza vaccine clearly indicating the date received can be uploaded to Synergy.**

**Influenza Received (dd/mm/yy):** \_\_\_\_\_



## Section B: Non-Medical Requirements - Student Reference

**Non-Medical Requirements:** The following non-medical requirements must be completed. If you have already obtained any of these, please ensure they are still valid by checking the expiry dates. Any requirements set to expire during the academic year/placement period must be recertified before the pre-placement clearance/Synergy due date. **A copy of all non-medical documents/certificates must be uploaded to Synergy.**

*Please use the check boxes as a reference to ensure you have all of the mandatory non-medical requirements.*

- |   |   |
|---|---|
| <input type="checkbox"/> Basic Life Support Certificate | <input type="checkbox"/> WSIB Declaration                                 |
| <input type="checkbox"/> Standard First Aid Certificate | <input type="checkbox"/> WHMIS Certificate                                |
| <input type="checkbox"/> Vulnerable Sector Police Check | <input type="checkbox"/> Worker Health and Safety Awareness in 4 Steps    |
| <input type="checkbox"/> Placement Agreement            | <input type="checkbox"/> Crisis Intervention Training, x2                 |
| <input type="checkbox"/> Pledge of Confidentiality      | <input type="checkbox"/> International Student Declaration, if applicable |

## Section C: Must be completed by the student

### **Student Agreement:**

I confirm that I have read this form and understand its purpose and the nature of its content. In particular, I understand that in order to comply with the Public Hospitals' Act and Ontario Hospital Association protocol, I need to demonstrate that certain health standards have been met in order for me to be granted student placement. I understand that the faculty in my educational program will be able to view the results from this form. I understand that I must have all sections of this form fully completed and reviewed by the identified due date. Failing to do so, may jeopardize my consideration for any student placement. All costs incurred for completion of this form are my sole responsibility. Should it be requested, it is my responsibility to share relevant information from this form with a hospital, nursing home, or other clinical placement agency relating to my program.

*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 well-being of students and clients in their care. The information in this form will be protected in accordance to the Freedom of Information and Protection of Individual Privacy Act.*

**Student Signature:** \_\_\_\_\_ **Date (dd/mm/yy):** \_\_\_\_\_