

PERSONAL INFORMATION

Name: _____

Ryerson Student # : _____ Email Address: _____@ryerson.ca

NOTE TO HEALTHCARE PROVIDER (HCP)

Ontario legislation specifies certain surveillance requirements for those entering into healthcare practice settings. The BScN Collaborative Program policy was developed in accordance with the communicable disease surveillance protocols, specified under the *Public Hospitals Act*, to meet the requirements of our students' placement settings. This process is necessary to ensure that our students protect their health and safety, and the health and safety of patients, visitors, employees and other students. Other than the influenza vaccine, the completion of this information is **not** optional, and all sections **must be completed as outlined**. Our placement partners have the right to refuse students who have not met their immunization standards.

I. COMMUNICABLE DISEASES

Note: laboratory evidence is used to prove immunity for sections below; you must attach a copy of blood work.

I. Measles, Mumps, Rubella (MMR)

The following is accepted as proof of immunity:

1st Dose Date : _____ 2nd Dose Date: _____
 (mm/dd/yyyy) (mm/dd/yyyy)

Documentation of 2 doses of MMR vaccine after 1st birthday

HCP Signature: _____ HCP Signature : _____

and

Laboratory evidence of immunity

II. Chicken Pox (Varicella)

The following is accepted as proof of immunity:

1st Dose Date : _____ 2nd Dose Date: _____
 (mm/dd/yyyy) (mm/dd/yyyy)

Documentation of 2 chicken pox vaccines, given at least 4 weeks apart

HCP Signature: _____ HCP Signature : _____

and

Laboratory evidence of immunity

II. 2-STEP TUBERCULOSIS SCREENING

Note: Positive skin tests do not require further TB skin testing. If your step 1 test is positive or you have tested positive anytime in the past, proceed to section B.

Step 1 Test Date: _____ Date Read: _____ Induration: _____ mm HCP Signature: _____
 (mm/dd/yyyy) (mm/dd/yyyy)

Step 2 Test Date: _____ Date Read: _____ Induration: _____ mm HCP Signature: _____
 (mm/dd/yyyy) (mm/dd/yyyy)

If the 1st test is negative, a 2nd test is given in the opposite arm at least 1 week and no more than 4 weeks after the 1st test. If there is documentation of a previous 2-Step TB test within the last 12 months, proceed with 1-Step test only.

Section B: Only for positive skin tests, complete sections below AND attach a copy of x-ray report:

1. Chest x-ray Date: _____ Result: _____
 (mm/dd/yyyy)

2. Signs & symptoms of active TB: Yes No HCP Signature: _____ Date: _____
 (mm/dd/yyyy)

Students are required to submit one chest x-ray report; yearly chest x-rays are not required unless clinical status changes or advised by HCP. TB testing should be completed prior to the administration of any live vaccines or 4 weeks post receiving live vaccine.

FOR QUICK REFERENCE ON TB SKIN TESTING: http://www.toronto.ca/health/tb_prevention/tbquickskintest.htm

Name: _____

Student #: _____

III. TETANUS, DIPHTHERIA

Tetanus, Diphtheria Immunization (Recommended every 10 years)

Date of last Td Booster (mm/dd/yyyy): _____ HCP Signature: _____

IV. HEPATITIS B

Note: laboratory evidence is used to prove immunity for Hepatitis B section below; you must attach a copy of blood work

The following is accepted as proof of immunity:
Hepatitis B vaccination series documentation and laboratory evidence of immunity:

Please check vaccination dose schedule: 2 Dose 3 Dose

Dose Date #1: _____ Dose Date #2: _____ Dose Date #3: _____
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

HCP Signature: _____

Students on 3 dose vaccination schedule must receive at least 2 doses of the vaccine in order to attend practice. Students should submit proof of final dose of series as soon as it is received. Hepatitis B chronic carriers are not required to disclose status to placement sites.

V. SIGNATURE OF HEALTHCARE PROVIDER(S)

Instructions:

If you have documented on these forms please complete the section below or stamp and provide your signature. Please print clearly.

_____ Name of Healthcare Provider (please print)	_____ Name of Healthcare Provider (please print)	_____ Name of Healthcare Provider (please print)
_____ Address (street)	_____ Address (street)	_____ Address (street)
_____ Address (city & postal code)	_____ Address (city & postal code)	_____ Address (city & postal code)
_____ Telephone Number	_____ Telephone Number	_____ Telephone Number
_____ Signature of HCP	_____ Signature of HCP	_____ Signature of HCP
_____ Date	_____ Date	_____ Date
_____ Title (i.e. MD, RN)	_____ Title (i.e. MD, RN)	_____ Title (i.e. MD, RN)

VI. ADDITIONAL REQUIREMENTS

A. Cardio Pulmonary Resuscitation (CPR) Healthcare Professional (HCP) level (Standard First Aid is recommended but not required):
Note: For placement purposes, your certification must be HCP-level and expires one year from the issue date. CPR re-certification is therefore required on a yearly basis and must be valid for the entire school year.

Please present your original CPR card to a Central Placement Office (CPO) staff member with this form.

Completed & Date of Expiration: _____ (for office use only) (completed within the last year)

B. VULNERABLE SECTOR SCREEN (VSS) POLICE CHECK:

All students are required to obtain a yearly VSS police check which must be valid for the entire school year. Please present the original VSS police check with this form. **You will need to present your original VSS police check to the CPO as soon as you receive it. STUDENTS CANNOT ATTEND PLACEMENT UNTIL THE CPO HAS RECEIVED YOUR ORIGINAL VSS POLICE CHECK REPORT -- APPLY WELL IN ADVANCE.**

If you reside in Toronto, you must come to the CPO to complete a consent form. The completed consent form is then mailed to Police Headquarters to apply for your VSS police check. **Note:** Toronto Police Services can take up to 12 weeks or longer to process your VSS police check. If you live in other municipalities (eg. York Region, Peel Region), please go directly to your police headquarters.

Please check the CPO website for updates related to the police check process.

Completed & Date of Expiration: _____ (for office use only) *(completed within the last year)*

If your VSS police check is *positive*, please contact the Central Placement Office (CPO) Manager at 416.979.5000 ext. 6573.

C. MASK FIT CARD: All students must be tested and fitted for an appropriate mask (respirator) in the event of flu (or other airborne/droplet) outbreak. Cards must clearly state the mask type (model) and size. Please ensure you carry your mask fit card **at all times** during practice. Mask fit cards are valid for 2 years after the issue date.

Please present your Mask Fit card to a Central Placement Office (CPO) staff member with this form.

Completed & Date of Expiration: _____ (for office use only) *(completed within the last year)*

VII. NOTICE TO STUDENTS

COMPLETION OF THE PRACTICE REQUIREMENTS RECORD IS REQUIRED IN ORDER TO ATTEND PRACTICE. When you have completed **ALL** practice requirements, submit your Practice Requirements Records together with all original documentation in person to the CPO during office hours. **Do not fax or scan your Record.** Please ensure you make additional copies of all your documents; the CPO does not keep hard copies of students' practice requirements. **Retain your Practice Requirements Record:** you will need to present it again throughout your nursing program.

INFLUENZA VACCINE 2012-2013 SEASON (Recommended but not mandatory)

Influenza virus vaccine is available free of charge from health services in the Fall or can be obtained from your healthcare provider. Students will be allowed to submit evidence of the vaccination after the practice requirements record deadline. Note: if you know or suspect that you have an allergy to eggs or other vaccination preservatives, please discuss options with your HCP.

I understand that the influenza vaccine is not mandatory; however, if an outbreak occurs at my assigned agency and I did not receive the flu vaccine, I may be denied access to the facility, thus jeopardizing successful completion of my practice.

Student Signature _____ Date _____
(mm/dd/yyyy)

The information on this form is collected under the authority of the Ryerson University Act and is needed to process your application for your practice placement course. The information will be used in connection with placement negotiations and communication with placement agencies. If you have any questions about the collection, use, and disclosure of this information by the School of Nursing please contact the CPO Manager, 416.979.5000 Ext. 6573