



PERSONAL INFORMATION

Name: _____

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

NOTE TO STUDENT AND HEALTH CARE PROVIDER (HCP)

Ontario legislation specifies certain surveillance requirements for those entering into healthcare practice settings. The Collaborative Program protocol 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.

Completion of this information is **not optional**. **All sections must be completed as outlined**. Our placement partners have the right to refuse students who have not met all of their pre-placement requirements.

1. DIPHTHERIA, TETANUS, PERTUSSIS, POLIO

Date of last Diphtheria Booster : _____	HCP Signature: _____
mm / dd / yyyy	
Date of last Tetanus Booster : _____	HCP Signature: _____
mm / dd / yyyy	
Date of last Pertussis Booster : _____	HCP Signature: _____
mm / dd / yyyy	
Date of last Polio Booster : _____	HCP Signature: _____
mm / dd / yyyy	

2. COMMUNICABLE DISEASES

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

I. Measles, Mumps, Rubella (MMR)

Laboratory evidence of immunity
and
 Documentation of 2 doses of MMR vaccine after 1st birthday

1st Dose Date : ____/____/____ 2nd Dose Date: ____/____/____
 mm/ dd/ yyyy mm/ dd/ yyyy

HCP Signature: _____ HCP Signature : _____

II. Varicella (Chicken Pox)

Laboratory evidence of immunity
and
 Documentation of 2 doses of Varicella vaccine given at least 4 week apart

1st Dose Date : ____/____/____ 2nd Dose Date: ____/____/____
 mm/ dd/ yyyy mm/ dd/ yyyy

HCP Signature: _____ HCP Signature : _____

3. HEPATITIS B

Note: laboratory evidence is required to prove immunity for Hepatitis B; you **must attach** a copy of blood work.

Laboratory evidence of immunity
and
 Documentation of Hepatitis B vaccination series

1st Dose Date: ____/____/____ HCP Signature: _____
 mm/ dd/ yyyy

2nd Dose Date: ____/____/____ HCP Signature: _____
 mm/ dd/ yyyy

Please check vaccination dose schedule:

2 Dose 3 Dose

3rd Dose Date: ____/____/____ HCP Signature: _____
 mm/ dd/ yyyy

Students on 3 dose vaccination schedule must complete 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.

Name: _____

Student Number: _____

4. INFLUENZA VACCINE

Influenza virus vaccine is available every Fall and can be obtained from a variety of healthcare providers. Students must provide evidence of vaccination to the CPO and to the placement agency. Note: If you know or suspect that you have an allergy to eggs or other vaccination preservatives, discuss your options with your HCP. Only a bonafide medical exemption will be accepted.

5. YEARLY TUBERCULOSIS SCREENING

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

Section A: Mantoux Test

Students require a baseline 2 Step TB skin test. If the first test is negative, a second test is given in the opposite arm at least one week and no more than four weeks after the first test. If there is documentation of a previous two-step TB test and subsequent yearly one-step TB tests proceed with one-step test only.

Step 1 Test Date: ____/____/____ Date Read: ____/____/____ Induration: _____ mm HCP Name: _____
mm dd yyyy mm dd yyyy

Signature : _____

Step 2 Test Date: ____/____/____ Date Read: ____/____/____ Induration: _____ mm HCP Name: _____
mm dd yyyy mm dd yyyy

Signature : _____

Section B: CXR - only for positive skin tests: complete below sections AND attach a copy of chest x-ray report:

Chest x-ray Date ____/____/____ Result: _____ Signs & symptoms of active TB: Yes No
mm dd yyyy

Assessment Date: ____/____/____ HCP Name: _____ HCP Signature: _____
mm dd yyyy

Note: Yearly chest x-rays are not required unless clinical status changes or advised by HCP. You can therefore attach a report from a previous chest x-ray taken within last 2 years. The HCP must still indicate and sign that there are no signs and symptoms of active TB (above). TB testing should be completed prior to the administration of any live vaccines or 4 weeks post receiving live vaccine.

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)

Name: _____

Student Number: _____

6. MASK FIT CARD

All students must be tested and fitted for an appropriate mask (respirator). Cards must clearly state the mask type (model) and size. Please ensure you carry your mask fit card **at all times** during practice as practice sites may require to see them, especially in the event of an outbreak. Failure to do so will jeopardize your placement and thus your placement course. Mask fit cards are valid for two years after the issue date.

- Please present your original Mask Fit card to a Central Placement Office staff member with this form.

7. VULNERABLE SECTOR SCREENING (VSS) POLICE CHECK

All students are required to obtain a yearly VSS police check which must be valid for the entire school year. In some cases, students may be required to renew their VSS more frequently. **Students will need to present their original VSS police check to the CPO as soon as they receive it. STUDENTS CANNOT ATTEND PLACEMENT UNTIL THE CPO HAS SEEN THEIR ORIGINAL VSS POLICE CHECK REPORT -- APPLY IN A TIMELY MANNER.**

If you reside in Toronto, you must come to the CPO to complete a consent form. **Note:** Toronto Police Services can take up to **8 weeks** to process your VSS police check. If you live in other municipalities (e.g. York Region, Peel Region), please go directly to your police headquarters.

Please check the CPO website for updates related to the police check process at www.ryerson.ca/cpo.

- Please present your original VSS police check to a Central Placement Office staff member with this form. If you did not receive your police check by the submission deadline, please submit to CPO as soon as you receive it.

If your police check is positive, you are required to contact the Manager at 416-979-5000 x 6573.

8. ANNUAL CPR CERTIFICATION (HCP Level)

Cardio Pulmonary Resuscitation (CPR) Healthcare Professional (HCP) level – for placement purposes, your certification must be HCP-level. CPR re-certification is 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 staff member with this form.

NOTICE TO STUDENTS

COMPLETION OF THIS 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 email 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.

Failure to submit a fully-completed PRR will result in a delay in attending practice and jeopardize successful completion of your practice course. Please refer to PRR policy, which can be found on CPO website, www.ryerson.ca/cpo, for further details.

The information on this form is collected under the authority of the Ryerson University Act and is required 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 Daphne Cockwell School of Nursing please contact the CPO Manager, 416.979.5000 Ext. 6573.

Name: _____

Student Number: _____



Student Declaration of Understanding
Workplace Safety and Insurance Board or Private Insurance Coverage
Students on Program Related Placements

Student coverage while on placement

The Government of Ontario, through the Ministry of Advanced Education and Skills Development (MAESD), reimburses Workplace Safety Insurance Board (WSIB) for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Ontario students are eligible for WSIB coverage while on placements that are required by their program of study.

MAESD also provides private insurance through Chubb insurance to students should their unpaid placement required by their program of study take place with an employer who is not covered under the *Workplace Safety and Insurance Act* and limited coverage for students in Ontario publicly supported postsecondary programs whose placements are arranged by their postsecondary institution to take place outside of Ontario (international and other Canadian jurisdictions).

Declaration

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Advanced Education and Skills Development while I am on a placement as arranged by the university as a requirement of my program of study.

I understand the implications and have had any questions answered to my satisfaction.

Student name (print): _____

Program/School: _____

Student signature: _____ Date: _____

Parent/Legal Guardian's Signature (for student less than 18 years of age)

Name (print): _____

Signature: _____ Date: _____

Consent Form for Use and Disclosure of Student Information

Student Number: _____ Educational Program: _____
First Name: _____ Middle Initial: _____ Last Name: _____

1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize your educational Program (Collaborative Nursing Degree Program) to:

- Collect, use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practica, fieldwork, or preceptorship) as required by your educational program;
- Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.
- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

2. Consent Period

This consent is effective immediately and shall remain valid for up to six years, or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

3. Your Rights With Respect to This Consent

- 3.1 Right to Refuse Consent** - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.
- 3.2 Right to Review Privacy & Security Policies** - A copy of the document entitled *Identified Purposes and Handling of Personal Information in HSPnet*, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security policies may be amended from time to time, and you can obtain an updated copy by contacting privacy@hspcanada.net.
- 3.3 Right to Request Restrictions on Use/Disclosure** - You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and receiving agency.
- 3.4 Right to Revoke Consent** - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program. Note that your revocation of this consent, or the voiding of this consent upon your completion or withdrawal from the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.
- 3.5 Right to Receive a Copy of This Consent Form** - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit www.hspcanada.net/privacy/index.asp.

I hereby authorize my educational Program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.

Signature of Student

Date