



**ST. CLAIR COLLEGE**  
OF APPLIED ARTS & TECHNOLOGY

Program: \_\_\_\_\_ Student I.D. \_\_\_\_\_

Name: \_\_\_\_\_  
(Surname) (First name) (Middle initial)

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## ***Entering Students-Pre-Placement Health Form Non-Medical Requirements - Nursing***

### **Section C- Non-Medical Requirements**

#### **Instructions for Students**

- 1) Review your communication package to find out how and where to obtain these requirements
- 2) Locate the approved sources to obtain the requirement(s)
- 3) Obtain the certificate/proof of completion.
- 4) If pregnant and plan to obtain N95 Mask Fit test from ParaMed, must have medical clearance (a note) from health care practitioner. Mask Fit testing will be available at SCC as well.
- 5) For each of the non-medical requirement(s), bring the original and one copy of your certificate and/or proof of completion to your Requisite appointment.

If you previously obtained one or more of the above not-medical requirements, please ensure they have not expired (if applicable)

<b><u>Non-Medical Requirements</u></b>	<b>Date Issued</b>	<b>Expiry Date</b>
CPR Level HCP Certificate Card with AED (defib) (Annual Recertification)		
Standard First Aid		
N95 Mask Fit Testing (completed every two years)		
Vulnerable Sector Police Check (annual) <b>AND</b> Photo ID required with birthdate (e.g. Driver's License)		
Student WSIB Form (annual)		
Attestation of Clear Criminal Record (annual)		
Student Verification of Health Status (annual)		
Photo Image Release Waiver (annual)		

<b>Section C Mandatory Non-Medical Requirements-</b>	<b>Did I complete?</b>		<b>Do I have the required documents attached (certificates)?</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
CPR Level HCP Certificate Card (Annual recertification required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N95 Mask Fit Testing (completed every 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vulnerable Sector Police Check (annual) <b>AND</b> Photo ID required with birthdate (e.g. Driver's License)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student WSIB Declaration Waiver (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attestation of Clear Criminal Record (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Verification of Health Status (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo Image Release Waiver (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section "D" Student Agreement:</b>	<b>Did I read and sign/date?</b>		<input type="checkbox"/>	<input type="checkbox"/>

**Section D-The 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 I have all sections of this form fully completed and reviewed by the ParaMed Requisite Program 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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.