



**PERSONAL INFORMATION**

Name: _____	Email Address: _____ <i>Please provide your <b>Ryerson</b> E-mail</i>
Student #: _____	International / Out of Province Student (if applicable): <input type="checkbox"/> International Student <input type="checkbox"/> Out of Province

**NOTE TO HEALTHCARE PROFESSIONAL (HCP)**

Ontario legislation specifies certain surveillance requirements for those entering into healthcare practice settings. The 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. 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**

**I. Measles, Mumps, Rubella (MMR)**

One of the following is accepted as proof of immunity:

- Documentation of 2 doses of MMR vaccine on or after 1<sup>st</sup> birthday, or
- Laboratory evidence of immunity

1<sup>st</sup> Dose Date: \_\_\_\_\_ 2<sup>nd</sup> Dose Date: \_\_\_\_\_

HCP Signature: \_\_\_\_\_

**II. Chicken Pox (Varicella)**

One of the following is acceptable:

- A known history of chicken pox or shingles HCP Signature: \_\_\_\_\_

If no known history or history unclear, one of the following must be provided:

- Documentation of 2 chicken pox vaccines, given at least 4 weeks apart, or
- Laboratory evidence of immunity

1<sup>st</sup> Dose Date: \_\_\_\_\_ 2<sup>nd</sup> Dose Date: \_\_\_\_\_

HCP Signature: \_\_\_\_\_

**II. 2-STEP TUBERCULOSIS SCREENING**

**Step 1** Test Date: \_\_\_\_\_ Date Read: \_\_\_\_\_ mm Induration: \_\_\_\_\_ HCP Signature: \_\_\_\_\_

**Step 2** Test Date: \_\_\_\_\_ Date Read: \_\_\_\_\_ mm Induration: \_\_\_\_\_ HCP Signature: \_\_\_\_\_

*If the 1<sup>st</sup> test is negative, a 2<sup>nd</sup> test is given in the opposite arm at least 1 week and no more than 4 weeks after the 1<sup>st</sup> test. If there is documentation of a previous 2-Step TB test within the last 12 months, proceed with 1-Step test only. Positive skin tests do not require further TB testing.*

**For positive skin tests, please provide the following:**

1. Chest x-ray Date: \_\_\_\_\_ Result: \_\_\_\_\_ *Please attach copy of chest x-ray report*

2. Signs & symptoms of active TB: Yes  No  HCP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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/pdf/dn\\_feb2007\\_tb\\_skin\\_test.pdf](http://www.toronto.ca/health/tb_prevention/pdf/dn_feb2007_tb_skin_test.pdf)

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

Student #: \_\_\_\_\_

**III. TETANUS, DIPHTHERIA**

**Tetanus, Diphtheria Immunization** (Recommended every 10 years)

Date of last Td Booster: \_\_\_\_\_ HCP Signature: \_\_\_\_\_

**IV. HEPATITIS B**

Documentation of Hepatitis B vaccination series:

Please check vaccination dose schedule: 2 Dose  3 Dose

Dose Date #1: \_\_\_\_\_ Dose Date #2: \_\_\_\_\_ Dose Date #3: \_\_\_\_\_

HCP Signature: \_\_\_\_\_

*Students on 3 dose vaccination schedule must receive at least 2 doses of the vaccine in order to attend winter practice. Please submit proof of final dose of series as soon as it is received. If dose 3 is received after the November 1<sup>st</sup> deadline the late fee will not be charged. Hepatitis B chronic carriers are not required to disclose status to placement sites.*

**V. INFLUENZA VACCINE 2010-2011 SEASON**

Influenza virus vaccine is available free of charge from health services in the fall or can be obtained from your healthcare professional. Students have until **December 21, 2010** to submit evidence of the vaccination (or HCP may document below). If you know or suspect that you have an allergy to eggs or other vaccination preservatives, please discuss your options with your HCP.

If an outbreak occurs at your assigned agency and you did not receive your flu vaccine, you may be denied access to the facility, thus jeopardizing successful completion of your practice.

Influenza Vaccine Date: \_\_\_\_\_ HCP Signature: \_\_\_\_\_

**VI. SIGNATURE OF HEALTHCARE PROFESSIONAL(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 Professional (please print)	_____ Name of Healthcare Professional (please print)	_____ Name of Healthcare Professional (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)

VII. ADDITIONAL REQUIREMENTS

A. **CPR LEVEL HCP** (*Standard First Aid also recommended*): CPR re-certification is required on a yearly basis. Please submit or present your CPR card to a Central Placement Office (CPO) staff member. A photocopy of your card is also accepted.

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

B. **VULNERABLE SECTOR POLICE CHECK**: If you reside in Toronto (incl. Scarborough) or York Region, you must come to the CPO to complete the consent form. Cost: \$16.00 - \$45.00. *Note*: Toronto Police Services can take up to **12 weeks or longer** to process your police check; retain your receipt. If you live in other municipalities (eg. Peel region), please go to your police headquarters. *Information about the Toronto Police Check Reference Program is available on their website: [www.torontopolice.on.ca](http://www.torontopolice.on.ca).*

Please attach the original copy of your police check to your Practice Requirements Record. If you have not yet received your police check before the due date then attach your receipt; the late fee will not be charged. Submit your police check as soon as you receive it. All BScN students are required to obtain a yearly vulnerable sector police check.

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

If your police check is *positive* please contact the Placement Manager at 416.979.5000 ext. 6573.

C. **MASK FIT CARD**: Mask fit testing takes place in the winter term for students in year 1 and 3. 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.

**COMPLETION OF THE PRACTICE REQUIREMENTS RECORD IS REQUIRED IN ORDER TO ATTEND PRACTICE.** Submit your Practice Requirements Records in person to the CPO during office hours or mail it to: Ryerson University, School of Nursing, Attention: Year 1 & 2 Practice Coordinator, CPO, POD-477, 350 Victoria Street, Toronto, ON M5B 2K3. **Do not fax your Record.** You will be notified via email once your Record has been processed. Please ensure you make additional copies of all your documents *before* you submit them; the CPO does not keep hard copies of students' practice requirements. Retain your Practice Requirements Record, you will need to present it again throughout the BScN Program.

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 Placement Manager, 416.979.5000 Ext. 6573