**Clinical Permit Document**

This document is intended to be your record of all requirements (which may include but are not limited to immunizations, CPR & FA & vulnerable sector screen (VSS) / Police Checks & Mask Fit Testing) that you must complete to be eligible to go to clinical placement environments. Requirements for your program will vary from semester to semester – it is your responsibility to ensure that you meet all requirements at the time that they are required. If you do not complete your permit, you will not be eligible to attend placements and will be at risk for failing your clinical placement course. If you have questions about these requirements, please contact your program coordinator.

**Process**

**Immunizations** – please present this document to your health care provider. Depending on your personal circumstances, your health care provider may be able to confirm that you have completed immunizations required for your permit or that you have previously had one of the infections listed on your permit or authorize serology as required. Your health care provider will document what they can with respect to immunizations or history of infections and then sign your permit. Please submit your documents through the web portal ([**https://studentpermits.georgiancollege.ca/**](https://studentpermits.georgiancollege.ca/)) or bring them to the permit checkers at the times designated each semester. **We would prefer that you use the portal if at all possible.** The portal is secure and is checked every day for documents. The role of the permit checkers is to verify that your documentation supports that you have completed the requirements on your permit.

**Miscellaneous & TB Testing** – these items include CPR & First Aid (FA), mask fit testing, police checks / VSS, and TB testing. For **CPR & FA and mask fit testing**, you will receive a card indicating that you have completed the appropriate testing and training to meet these requirements Online courses do not meet the requirement. Please submit these cards through the web portal or bring them to our permit checkers. Most programs with clinical placements will require a **police check or a VSS** – these screens are performed by your home police detachments, typically require a request form (available from Georgian in most cases) and can take as long as 12 weeks to complete. Once completed, please submit your document through the web portal or bring them to our permit checkers. The role of the permit checker is to verify that you have a valid VSS or police check, record the status of your check, positive or negative, and direct you to your program coordinator if required for follow-up. **TB testing** is required by most clinical agencies and usually consists of a 2-step skin test done prior to your first clinical placement. If you have a positive response to the skin test, you may be required to complete a chest x-ray as well. Once you have completed your TB testing (read and signed by a health care provider), please submit your documentation through the web portal or present your documentation to our program checkers. The role of the permit checker is to verify that you have met the requirement, either through a negative test or a clear chest x-ray following a positive test.

**Confirmation of Eligibility**Once all of your requirements have been verified by our permit checkers, you can print a letter stating that you are eligible to attend placement. When you attend your clinical placement, please be prepared to show your completed permit and supporting documentation, if requested, by your clinical teacher. Please plan ahead as much as possible and remember that it is your responsibility to complete the permit. We will send you reminders but it is your responsibility.

**One Step TB Test**

**Acceptable Evidence**: This form signed and dated by Health Care Professional including readings for one step TB test OR normal X-ray following a positive skin reading. **If you have previously tested positive, you should not repeat the skin test.** Chest x-rays should not be done less than 2 years apart

Reading 1 \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chest X-ray Reading \_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Immunizations:** To be completed by week 7 of semester 1

**MMR** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**Measles1** Signature Date

**Acceptable Evidence**: Serologic testing OR series of 2 doses of measles-containing vaccine OR confirmed previous infection \_\_\_\_\_\_\_

**Mumps2** Initial

**Acceptable Evidence**: Serologic testing OR series of 2 doses of mumps-containing vaccine OR confirmed previous infection \_\_\_\_\_\_\_\_

**Rubella3** Initial

**Acceptable Evidence**: Serologic testing OR 1 dose of rubella-containing vaccine OR confirmed previous infection \_\_\_\_\_\_\_\_

 Initial

**Diphtheria / Pertussis / Tetanus (DTaP / TDaP)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**Diphtheria4** Signature Date

**Acceptable Evidence**: 3 doses of diphtheria toxoid-containing vaccine \_\_\_\_\_\_\_\_

**Pertussis5** Initial

**Acceptable Evidence**: 3 doses of pertussis toxoid-containing vaccine (primary series) OR single dose of “TDaP” \_\_\_\_\_\_\_\_

**Tetanus6** Initial

**Acceptable Evidence**: 3 doses of tetanus toxoid-containing vaccine \_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_

**Polio7** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Acceptable Evidence**: 4 doses of polio vaccine (primary) OR 3 doses of polio vaccine (IPV-containing) Signature Date

**Varicella8**

**Acceptable Evidence**: Serological testing OR series of 2 doses OR confirmed previous infection \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 Signature Date

**Hepatitis B9**

**Acceptable Evidence**: serological testing OR two completed series of doses OR confirmation of immunity \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

by 1o health care provider Signature Date

**Influenza10**

**Acceptable Evidence**: One dose of vaccine \_\_\_\_\_\_\_\_

Repeat in about 1 year Date

**Notes**: Immunizations and/or past infections must be verified by a Health Care Professional familiar with your Health Record, unless otherwise noted. Serologic testing (titres) must show evidence that the concentration of antibodies found in the blood exceeds a minimum concentration identified for that vaccine to be considered immune. Serologic readings that are indeterminate will not be accepted as evidence of immunity.

**Hepatitis B** – If you are unsure if you have been immunized against Hepatitis B, serological testing can be used to determine your level of immunity. If your blood levels do not indicate that you are immune, you will have to complete at least one series of immunizations and at least one additional round of serological testing.

**Health Care Provider** – please verify what you can and sign for each immunization or history of infection listed above. For MMR and DPT, if you are verifying all three immunizations at once, you need only sign the top line. Please date the document. Thank-you very much for supporting Georgian’s students!

**Miscellaneous Items:** to be completed by week 7 of semester 1 (VSS by week 4)

**Vulnerable Sector Screen**

**Acceptable Evidence**: A negative report issued within 3 months of the start of placement, embossed by the police service that completed the VSS. Date \_\_\_\_\_\_\_\_\_\_

Note: Vulnerable Sector Screens can take up to 12 weeks to complete and are usually issued by the police service found closest to the address on your Driver’s License

**You must complete your next VSS prior to the start of semester 3.**

**CPR (HCP) & Standard First Aid**

**Acceptable Evidence**: Signed Card from Certified Instructor. Date \_\_\_\_\_\_\_\_\_\_

Recertify annually.

**Two Step TB Test**

**Acceptable Evidence**: This form signed and dated by Health Care Professional including readings for two tests, completed approximately 4 weeks apart OR normal X-ray following a positive skin reading.

Reading 1 \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reading 2 \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chest X-ray Reading \_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete a one-step test prior to beginning semester 3 placement**

**Mask Fit Testing**

**Acceptable Evidence**: Signed Card from Certified Tester. Mask Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Retest in about 2 years**

Notes:

**References**:Georgian College follows the recommendations set out in the Canadian Immunization Guide presented on the Public Health Canada webpage. In particular, the recommendations for immunization schedules and evidence of immunity for health care professionals is followed on this document. Your health care provider is the best person to see to confirm your immunization status.

1. Measles - <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-meas-roug-eng.php#sched>
2. Mumps - <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-mump-orei-eng.php#sched>
3. Rubella - <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-rube-eng.php#sched>
4. Diphtheria - <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-dip-eng.php#a5>
5. Pertussis - <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-pert-coqu-eng.php#a5>
6. Tetanus - <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-tet-eng.php#a5>
7. Polio - <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-poli-eng.php#a5>
8. Varicella - <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-vari-eng.php#a5>
9. Hepatitis B - <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-hepb-eng.php#a5>
10. Influenza - <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-influenza-eng.php#vacadm>