HIGH SCHOOL COOP APPLICATION AND PRE-PLACEMENT SCREENING

As of May 2026

REQUIREMENTS

- **Applications must be submitted 30 days prior to placement and sent to TDesjardins@brockvillegeneralhospital.ca.**
- **Please note that in addition to this form, proof of the following clearances must also be sent to the BGH Education Assistant.**
  - ☐ Proof of Immunizations (please see below for BGH requirements)
  - ☐ Proof of N95 Mask Fit (please see below for N95 Masks used by BGH)
  - ☐ Proof of Enrollment and/or Letter of Good Standing
  - ☐ Proof of Clear Vulnerable Sector Police Check (clearance may be indicated in LOGS MUST be within 6 months of placement start date)

NOTE: Please note that additional information and documentation may be requested by the Education Coordinator to meet program specific placement requirements.

APPLICANT INFORMATION (to be filled by student) ***Must be submitted to BGH Education Coordinator 30 days prior to start date***		
Today's Date (YYYY/MM/DD):		
Student Name:	**Phone:**	**Email:**
Teacher Name and Email:		**School:**
Parent/Guardian Name:	**Phone:**	**Relationship to Student:**
Parent/Guardian Signature:		
Department:	**Preceptor:**	**WEA Signed:**
Start Date (YYY/MM/DD):	**End Date (YYYY/MM/DD):**	**Total Hours Required:**
Notes about placement:		

CPIC (Vulnerable Sector Check (VSC))

All students over the age of 18 participating in placement at Brockville General Hospital must have a VSC/Judicial Matters completed and clear. This must be current within 6 months of placement start date. Please ensure you speak with the Education Coordinator if you are over 18 to find out which check is needed for your placement area.

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COMMUNICABLE DISEASE SCREENING

NOTE: Incomplete or Outdated Information can DELAY placement

Tuberculosis Screening

A historical two-step TB skin test is required. ***Must be within 6 months of placement start date to be considered current*.** If a test comes back positive, a chest X-ray must be completed and confirmed to be clear.

NOTE: TB Testing can be arranged for high school coop students.

Measles - one of the following is acceptable:

- Documentation of 2 doses of Measles vaccine (MMR) on or after your first birthday, or
- Laboratory evidence confirming your immunity to measles

Mumps - one of the following is acceptable:

- Documentation of 2 doses of mumps vaccine (MMR) on or after your first birthday, or
- Laboratory evidence confirming your immunity to mumps, or

Rubella - one of the following is acceptable:

- Documentation of 2 doses of rubella vaccine (MMR) on or after your first birthday, or
- Laboratory evidence confirming your immunity to rubella

Varicella (Chicken Pox) - one of the following is acceptable:

- Documentation of 2 doses of chicken pox vaccine, or
- Laboratory evidence confirming your immunity to chicken pox, or
- Record showing evidence (date) that you were ill with the chicken pox or a self-provided history of chicken pox is **not** evidence of immunity

Tetanus/Diphtheria

Childhood or adult primary series of Td with boosters every 10 years. ***Also see Acellular Pertussis (Tdap) requirement below.***

Acellular Pertussis – the following is acceptable:

Documentation of having received one single dose of tetanus, diphtheria, pertussis vaccine (Tdap) as an adult (within 10 years of placement start date).

Immunity to Hepatitis B

The educational institution is responsible for Hepatitis B immunization and post exposure follow up for their students.

Influenza and COVID-19 Vaccinations

All students must provide proof of 2 COVID vaccines. It is recommended that students receive the annual flu vaccine unless medically contraindicated. **If there is an active outbreak within the hospital and the student does not have proof of annual flu vaccine, students will not be allowed to participate in their rotation while the outbreak is ongoing.**

Respirator (N95) Clearance

Coop students are required to have N95 respirator fit testing dated within the last 2 years.

NOTE: BGH no longer fit-tests students. Please reach out to your teacher for confirmation on where to have this testing done.

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INSTRUCTIONS FOR COMPLETION

In accordance with *section 4* of *Regulation 965*[1] under the *Public Hospitals Act*[2], all hospitals in Ontario are required to have a communicable disease surveillance program which includes tests and examinations set out in the Ontario Hospital Association/Ontario Medical Association disease surveillance protocols[3]. All individuals who carry out activities within Brockville General Hospital are required to abide by these protocols and provide documented evidence of immunity (as indicated below). Please review the instructions and requirements in detail to ensure compliance with the communicable disease screening program.

Option A: Provide Appropriate Documentation (which includes the following)

- Provincial Immunization records
- Print outs from educational facilities, and/or
- Laboratory reports showing vaccination dates and/or
- bloodwork (titre) results.

AND/OR

Option B: Have your Health Care Provider complete the Pre-Placement Communicable Disease Screening Form. This form can be used to communicate previous testing and examinations that have already been completed so that only missing/outdated tests are ordered and completed. For individuals who do not have the required documentation showing proof of immunity OR are unable to obtain these records in-advance of their scheduled appointment, see the options available below. Be sure to bring a valid OHIP card as it will be required when booking/completing these tests and examinations.
NOTE: There will be a fee associated with services not covered by OHIP and for the completion of forms.

You may have this form completed by your current occupational health services and/or attending healthcare provider. For those who do not have access to these services, you can reach out and schedule an appointment with one of the following:

- Lanark Leeds and Grenville Health Unit Immunization Clinic
  458 Laurier Blvd, Brockville Ontario K6V 7A3
  1-800-660-5853 to schedule an appointment

Please note that all completed forms must be sent directly to the Education Coordinator at Brockville General Hospital at TDesjardins@brockvillegeneralhospital.ca

This form was adapted from Kingston Health Science Pre-Placement Communicable Disease Screening Form.

[1] R.R.O. 1990, Reg. 965: HOSPITAL MANAGEMENT (ontario.ca)
[2] Public Hospitals Act, R.S.O. 1990, c. P.40 (ontario.ca)
[3] Ontario Hospital Association Communicable Diseases Surveillance Protocols (oha.com)

Brockville General Hospital

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PLEASE NOTE THIS FIRST PAGE *DOES NOT* NEED TO BE SUBMITTED WITH THE ATTACHED FORM OR SUMMITED DOCUMENTATION

Client Consent for the Collection, Use, and Disclosure of Health Information

I _____ (print name), authorize BGH Occupational Health Services and/or my Attending Health Care Provider to collect, use, and disclose my personal health information for the sole purposes of ensuring compliance to the OHA/OMA disease surveillance protocols. I authorize BGH and its agents to reach out directly to my attending health care provider in circumstances where information within this form is considered incomplete.

Signature (confirming consent) _____ Date Signed (YYYY/MM/DD) _____

The below *must* be completed by Attending Health Care Provider

1. Tuberculosis Screening

A) A baseline two-step TB (Mantoux) skin test is *required* unless there is:

☐ Documented results of a prior two-step, OR (please provide results below)

☐ Documentation of a negative PPD within the last 12 months (please provide results below)

in which case a single-step test is required

Two Step B Skin Test Results:

Step I (YYYY/MM/DD) _____ Result _____ mm induration

Step II (YYYY/MM/DD) _____ Result _____ mm induration

B) A Single Step TB (Mantoux) skin test is required to be within 3 months of your start date.

Single Step: (YYYY/MM/DD) _____ Result _____ mm induration

C) If TB Skin Test is positive or previously positive (induration greater than10 mm):

Date of Positive Mantoux test _____ Result _____ mm induration

Chest x-ray _____ (YYYY/MM/DD)

Chest x-ray Result

☐ Clear Chest x-ray **OR**

Undergone treatment ☐ No ☐ Yes Duration of treatment _____

History of BCG? _____ (YYYY/MM/DD)

Any signs or symptoms of TB: ☐ none ☐ persistent couch (for example last 3 + weeks) ☐ bloody sputum

☐ night sweats ☐ weight loss ☐ anorexia ☐ fever

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2. Measles

☐ 2 doses of live Measles virus vaccine on or after the first birthday:
Dose #1 _____ (YYYY/MM/DD)
Dose #2 _____ (YYYY/MM/DD) **OR**
☐ Laboratory evidence: Measles titre: _____ (result) _____(YYYY/MM/DD)

3. Mumps

☐ 2 doses of Mumps vaccine given atleast 4 weeks apart on or after first virus birthday:
Dose #1 _____ (YYYY/MM/DD)
Dose #2 _____ (YYYY/MM/DD) **OR**
☐ Documentation of laboratory confirmed Mumps: _____ **OR**
☐ Laboratory evidence: Mumps titre: _____ (result) _____(YYYY/MM/DD)

4. Rubella

☐ 1 dose of Rubella vaccine on or after the first birthday:
Dose #1 _____ YYYY/MM/DD) **OR**
☐ Laboratory evidence: Rubella titre: _____ (result) _____ (YYYY/MM/DD)

5. Varicella (chicken pox)

☐ Laboratory confirmation of disease (Result) _____ (YYYY/MM/DD) **OR**
☐ Dates of Varicella Vaccination
Dose #1 _____ (YYYY/MM/DD)
Dose #2 _____ (YYYY/MM/DD) **OR**
☐ Varicella titre: _____ (result) _____ (YYYY/MM/DD)

In cases where the individual has not had chickenpox or is uncertain, they should be screened through bloodwork: where non-immune, they should be immunized with the chicken pox vaccine.

6. Acellular Pertussis (Tdap) Booster

☐ 1 Adult dose received on: _____ (YYYY/MM/DD)

7. Hepatitis B Immunity

Hepatitis B vaccine series (YYYY/MM/DD) Dose #1 _____ Dose #2 _____ Dose #3 _____
AND/OR Anti-HBs titre: _____ (result) _____ (YYYY/MM/DD)

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8. Influenza Vaccine

☐ 1 Adult dose of current year's vaccine received on: _____ (YYYY/MM/DD)

9. COVID-19 Vaccine

☐ 1st Dose Type: _____ Date _____ (YYYY/MM/DD)
☐ 1st Dose Type: _____ Date _____ (YYYY/MM/DD)

☐ Medical exemptions: ☐ temporary until _____ (YYYY/MM/DD) ☐Permanent

10. N95 Mask Fit Testing

Respirator Model/Style _____ **Date of N95 Mask Fit** _____ (YYYY/MM/DD)

N95 Mask Types carried at BGH

- **1870+**
- 8110 Small
- 1860 Small
- 8210
- 1860 Regular
- KC46767 Large
- 1804
- 1804 Small
- 9210+
- Surg Resp Small
- Surg Resp Medium
- Surg Resp Large

Please note that BGH primarily fits for 1870+ with other sizes in limited and varying quantities. *Please note BGH does not fit learners with N95 Marks. Please reach out to your education institution for assistance with obtaining an N95 fit test.*

Declaration from Attending Health Care Provider

Name of Attending Health Care Provider completing this form

Full Address	**City**	**Province**	**Postal Code**

Telephone #	**Fax #**

Signature	**Date Completed**