

New Student Instructions – **Medical Office Administration**

Student Name: _____

Student ID: _____

Program Name and Code: _____

Year of Study: _____

Program requirements are due prior to attending clinical placement. Students are encouraged to have immunizations completed early in the program for their own safety.

Student Instructions for Mandatory Program Requirements

- Review the requirements checklist below:

SECTION	REQUIREMENT	Ensure all requirements are complete with records and certificates included
Section A – Medical Requirements <i>(Completed and signed by Health Care Provider)</i> <i>*For IWK placement only</i>	Measles, Mumps, and Rubella (MMR)	<input type="checkbox"/>
	Varicella (Chicken Pox)	<input type="checkbox"/>
	Tetanus/Diphtheria/ Pertussis (Tdap)	<input type="checkbox"/>
	Criminal Record Check (CRC)	<input type="checkbox"/>
	Vulnerable Sector Check*	<input type="checkbox"/>

Access the [NSCC Placement Pass Portal](#) through Microsoft 365 and log in using your NSCC credentials. Further instructions on how to access the Placement Pass app can be found in the [Student Information Slide Deck](#).

- Book an appointment with a Physician, Nurse Practitioner, Registered Nurse, Public Health Certified LPN, or Pharmacist.
- Bring immunization records, public health forms, or documents that show your immunization history to your appointment.
- Request the following from your health care provider to complete:
 - Immunization records (for proof of immunization)
 - Lab blood results (if applicable)
- Provide **Section A** (instructions and forms) to your health care provider to complete and sign.
- Complete **Section B** Mandatory non-medical requirements.
- Complete checklist (above) to ensure all requirements are met for both **Sections A & B**:
 - Section A** (both pages) completed, initialed, and signed by your Health Care Provider.
- Your blood lab reports and, if required chest x-ray report are to be submitted with this form.
- Your immunization records including childhood records if available. Ensure your **name** is on each page.
- Section B** certificates or proof of completion for any non-medical requirement.

Scan, label, and submit all documents through the Placement Pass app.

- ▶ Students who started an immunization series will receive a temporary exception. Once available, they will submit immunization records and/or blood test results confirming completion.
- ▶ There is a one-time submission fee with no subsequent fees regardless of the number of submissions.

SAMPLE

Health Care Provider Instructions for Mandatory Medical Requirements

1. Complete **Section A** in its entirety and provide an attesting signature/initial where indicated.
2. Provide the student a copy of immunization records for vaccines administered and lab results for lab tests completed as applicable. Note: Immunization requirements listed follow the standards outlined in: The Canadian Immunization Guide (Part 3) **Vaccination of Specific Populations** – Workers and Student Placements, The Canadian Tuberculosis Standards (2007), and Nova Scotia Health.
 - a. The following are required:
 - Measles, Mumps, and Rubella
 - Tetanus, Diphtheria, and Pertussis
 - Varicella
 - b. The following are recommended but not required:
 - Influenza (Seasonal)
 - COVID-19
3. Use the following instructions when completing the following subsections:
 - a. **Measles, Mumps, and Rubella (MMR) considered immune with one of the following:**
 - i. Documented evidence including history of laboratory confirmed MMR, 2 doses of MMR immunization, or laboratory evidence of immunity.
 - b. **Varicella (Chicken Pox) considered immune with one of the following:**
 - i. Documented evidence including history of laboratory confirmed Varicella, 2 doses of varicella immunization at least 4-weeks apart on or after their first birthday, or laboratory evidence of immunity.
 - c. **Tetanus/Diphtheria (Td) and Pertussis:**
 - i. Immunization records showing a dose of Tdap within the last 10 years.
 - d. **The following immunizations are strongly recommended but not required (submission is optional and not mandatory):**
 - i. **Influenza (flu)**
 1. Only applicable during flu season (October to the end of April).
 2. Influenza immunization may be required by other placement partners (such as long-term care).
 - ii. **COVID-19 (primary series plus applicable boosters)**
 1. Proof of immunization may be submitted for primary series of COVID-19 immunization. Must provide official copy of immunization.
 2. COVID-19 immunization may be required by other placement partners (such as long-term care).

Pre-Placement Health Form
SECTION A: Health Care Requirements (Mandatory)

! Do not leave any sections blank – If not applicable, please complete with “N/A”. If drawn, provide the student with a copy of the lab report/results (attach laboratory blood report) for each of the following:

Student Name: _____ Student ID: _____

TUBERCULOSIS SCREENING	Date Administered (DD/MM/YYYY)	Health Care Provider Initials	Date Read (48-72 hours from testing) (DD/MM/YYYY)	Results* (Induration in mm, not erythema)	Health Care Provider Initials
1 st step				_____mm	
2 nd step				_____mm	
Chest X-ray	Date/Results*:				
One Step <i>(Returning students greater than 4 months absence)</i>				_____mm	

*10 mm or greater is considered positive. The student/learner does not have TB as evidenced by a negative TST or chest x-ray. Yes No Health Care Provider Initials:

MEASLES MUMPS AND RUBELLA (MMR)	Dose 1 Date (DD/MM/YYYY)	Health Care Provider Initials	Dose 2 Date (DD/MM/YYYY)	Health Care Provider Initials
MMR				
Serology	Date/Results:			

The student/learner is considered immune for MMR. Yes No Health Care Provider Initials:
 Serology report attached as required. Yes No N/A
 Serology report would be required for placements at NSHA.

VARICELLA (CHICKEN POX)	Dose 1 Date (DD/MM/YYYY)	Health Care Provider Initials	Dose 2 Date (DD/MM/YYYY)	Health Care Provider Initials
Varicella				
Serology	Date/Results:			

The student/learner is considered immune for Varicella. Yes No Health Care Provider Initials:
 Serology report attached as required. Yes No N/A
 Serology report would be required for placements at NSHA.

TETANUS/DIPHTHERIA/PERTUSSIS (Tdap)	Date (DD/MM/YYYY)	Health Care Provider Initials
Tdap Booster		

Primary series of Tdap and Tdap Booster in adulthood. Booster must be received within the past 10 years and date documented. Yes No Health Care Provider Initials:

HEPATITIS B (Complete option A or B)		Dose 1 (DD/MM/YYYY)	Health Care Provider Initials	Dose 2 (DD/MM/YYYY)	Health Care Provider Initials	Dose 3 (DD/MM/YYYY)	Health Care Provider Initials
Option A	Hepatitis B Series						
	Product Name						
	Student/learner has started the immunization series and signed the Hepatitis B waiver form. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Option B	Hepatitis B series completed on (DD/MM/YYYY):	HBsAb Serology Result:					
	The student/learner is immune to Hepatitis B, with levels >12 IU/L based on the HBsAb serology results. Serology results must be attached. <input type="checkbox"/> Yes <input type="checkbox"/> No						

Health Care Provider Signature & Identification	
Printed Name:	Office Address:
Signature:	
Initials:	
Designation: <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> *LPN <input type="checkbox"/> RPh	
Phone Number: () -	

Health Care Provider Signature & Identification	
Printed Name:	Office Address:
Signature:	
Initials:	
Designation: <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> *LPN <input type="checkbox"/> RPh	
Phone Number: () -	

Health Care Provider Signature & Identification	
Printed Name:	Office Address:
Signature:	
Initials:	
Designation: <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> *LPN <input type="checkbox"/> RPh	
Phone Number: () -	

Health Care Provider Signature & Identification	
Printed Name:	Office Address:
Signature:	
Initials:	
Designation: <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> *LPN <input type="checkbox"/> RPh	
Phone Number: () -	

*Public Health Certified LPN

Pre-Placement Health Form
SECTION B: Non-Medical Requirements (Mandatory)

Student Name: _____ Student ID: _____

For New and Returning (4-month break or more in your studies) students:



- ▶ Checks should be completed no earlier than **3 months prior** to the start of your program as it needs to be current at the time of review.
- ▶ Your local RCMP detachment or police department can perform these checks. Please bring a piece of government issued photo ID with you.
- ▶ Submit supporting documents in PDF format, if possible.
- ▶ Please verify that documents are clear and legible before submitting to the Placement Pass website.

NON-MEDICAL REQUIREMENTS

Criminal Record Check (CRC)

Required for the Healthcare Simulation Technician Pilot Program.