

**CHECKLIST FOR CLINICAL DOCUMENTS**  
**STUDENTS GOING INTO 2<sup>ND</sup>, 3<sup>RD</sup>, AND 4<sup>TH</sup> YEAR**  
**DEADLINE DATE: JUNE 1<sup>ST</sup>**

Date: _____	Program: Bachelor of Science in Nursing	Year Level:						
Name: _____	Compressed ____ Collaborative ____ (check one)	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> <td style="padding: 0 10px;">4</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: small;">(year going into - circle one)</td> </tr> </table>	2	3	4	(year going into - circle one)		
2	3	4						
(year going into - circle one)								

\*All documents must cover the academic year (Sep 3<sup>rd</sup> to Apr 6<sup>th</sup> (approx.))\*

\*\*Provide photocopies of documents only – keep your originals in a safe and easily accessible location\*\*

Suggestion: Scan & store all documents (each year) on your computer ensuring they are secure but easily accessible at all times – they may be required by your placement agency when you are in your final year.

	✓ when complete	<b><u>YEARLY REQUIREMENTS:</u></b>
1.	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<p><b>Criminal Records Check with Vulnerable Sector Screening (CRC with VSS)</b></p> <ul style="list-style-type: none"> <li>Thunder Bay Police are on-line. They no longer offer walk-in service. Choose <b>LEVEL 3 (PVSC)</b></li> <li>Toronto Police Dept. has a specific form that is required. You must contact the Registration &amp; Information Assistant to get a copy of that form (clinicaldocs.nurs@lakeheadu.ca).</li> </ul> <p>Police Depts. require a "Nursing Records Check Letter" when applying for your CRC with VSS. Letter is on "MyInfo" under "Forms". <a href="https://erpwp.lakeheadu.ca/home/student">https://erpwp.lakeheadu.ca/home/student</a></p>
2.	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<p><b>1 Step TB (Tuberculosis) Skin Test:</b> It is preferred that your test is recorded on the form found on the Nursing Website (under Forms). Your Health Care Provider may supply their own form as long as the following is shown: Date administered; Date read; Result; HCP name, HCP signature, Clinic name with address. <i>Results recorded on Immunization Record will not be accepted.</i> <a href="https://www.lakeheadu.ca/academics/departments/nursing/current-students/forms">https://www.lakeheadu.ca/academics/departments/nursing/current-students/forms</a></p>
<b><u>DOCUMENTS THAT MAY EXPIRE: (submit only if renewed/recertified)</u></b>		
A.	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<p><b>CPR at Health Care Provider Level (HCP) or Basic Life Support (BLS); BLS Provider:</b></p> <p>Canadian Red Cross is changing from CPR (HCP level) to BLS and will only have a 1 year expiry. An existing certificate with a 2 or 3-year expiry will be honoured.</p> <p style="text-align: right;">_____ expires: _____</p>
B.	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<p><b>Mask Fit Certificate:</b> (2 year expiry) You can either find an agency that provides this service in your hometown (N95 Respirator) or choose to have this done on campus (by an independent provider) in the March/April timeframe.</p> <p>_____</p>
C.	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<p><b>Tetanus Vaccination:</b> (10 year expiry) If you require a vaccination it is recommended that you get the Tdap vaccination (tetanus, diphtheria and acellular pertussis). <b>Tdap</b> _____</p>
<b><u>MISSING DOCUMENTATION (IF PREVIOUSLY NOT SUBMITTED):</u></b>		
D.	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	<p><b>Serology Reports:</b> If you have not handed in all of your serology reports due to vaccinations they must be turned in with this package. (HEP B, MEASLES, MUMPS, RUBELLA &amp; VARICELLA)</p> <p>Hep B = _____ ; Date: _____ ; Measles = _____ ; Mumps = _____ ; Rubella = _____ ; Varicella = _____ ; Date: _____</p>
E.	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<p><b>Varicella Vaccinations:</b> If your Varicella serology was non-reactive and you did not hand in your updated immunization record showing the 2 Varicella vaccinations required, it needs to be handed in this year.</p> <p>_____</p>
**		<b>**ATTACH THIS PAGE TO THE FRONT OF YOUR COMPLETED PACKAGE</b>

\*\*\* Do not submit an incomplete package – incomplete packages are shredded \*\*\*

\*\*\*\* For more in-depth info on any of the above, please go to Nursing website under Clinical Documentation; Documents \*\*\*\*

Submit Package (ensuring each document is clear and fully visible or will not be accepted) by:

1. **Email (pdf format preferred) to clinicaldocs.nurs@lakeheadu.ca**
2. Hand deliver to SN 1021E or deposit in Clinical Document drop box
3. Mail: School of Nursing/Clinical Docs, 955 Oliver Rd, Thunder Bay, ON P7B 5E1
4. Fax: 807-346-7898