

## On-Site Research Placement Check-List

Prior to your start-date, you are required to complete the mandatory on-site prerequisites as outlined below. Once the requirements have been met, please contact BRI's Human Resources Administrator to provide necessary proof, and to sign the form below. **Note:** Copies of documentation provided will be kept on file with Volunteer Services.

**Institution:**

**Program of study:**

**Expected duration of placement:**

**Is this placement required as part of course requirements? (Circle one) YES NO**

*I certify that I have completed the mandatory requirements for being on-site.*

- Certified Police Records Check (PRC)** – Provide proof of a satisfactory PRC for service with the vulnerable sector. The PRC must be dated no earlier than six months prior to placement commencement. A copy of the receipt provided by police station is sufficient prior to receiving the original document.
- Tuberculin skin test (Mantoux):** Show written evidence of a negative tuberculin skin test from the last 12 months, if not, in case of a documented positive skin test, show proof of a positive TB skin test accompanied by a recent negative chest x-ray.
- Measles, Mumps and Rubella (MMR):** Immunity status must be assured by either written documentation of immunity or serology testing.
- Varicella (chicken pox):** Immunity status must be assured by either written documentation of immunity, or serology testing.
- Hepatitis B:** Immunity status must be assured by written evidence of the presence of antibodies to the hepatitis B virus through serology testing.
- Tetanus vaccination:** Immunity status must be assured through written documentation of immunity received within the last 10 years.
- Influenza vaccination:** Written documentation of vaccination prior to or during annual influenza season; if not vaccinated, the student is encouraged to be vaccinated.
- Management of blood borne pathogens (HIV, hepatitis B and C) – If applicable:** Students infected with blood borne pathogens may carry on activities at the Health Care Institution, after disclosing and reporting to the Occupational Health & Safety department for a review of the controls measures established to prevent transmission of blood borne pathogens.

Name (Print): \_\_\_\_\_

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

HR Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_