



Occupational Health and Wellness (OHW) Learner/Instructor PLACEMENT FORM

Academic Institute/Supplying Agency Name:

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Instructor Name:

Phone Number:

Email Address:

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RVH Contact Name:

Phone Number:

Email Address:

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Learner Name	RVH Placement Dates To/From dd/mm/yy	MOL Education	Flu Shot	COVID Full Vaccination	OHW Requirements Met	Unmet Requirements (provide comment)
(e.g. Jim Smith)	02/09/2016-15/12/2016	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Hep B immunity status not received
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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The Academic Institution/supplying agency is responsible for ensuring learner immunization
**Any Learner/Instructor starting their placement during influenza season (October to April) will be required to submit documentation regarding flu immunization status to their instructor.*

Instructor Signature: _____ Date: _____