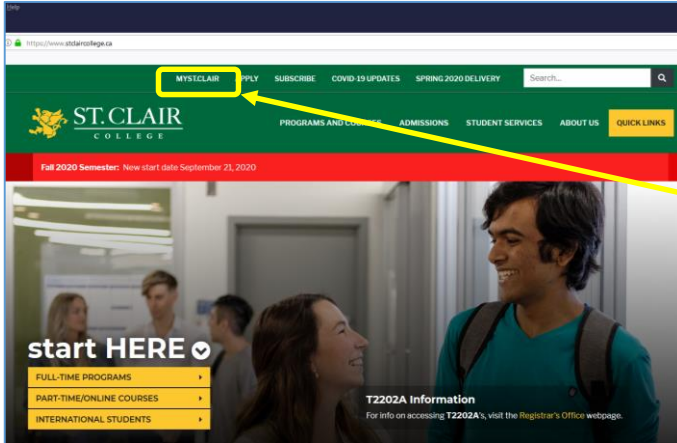
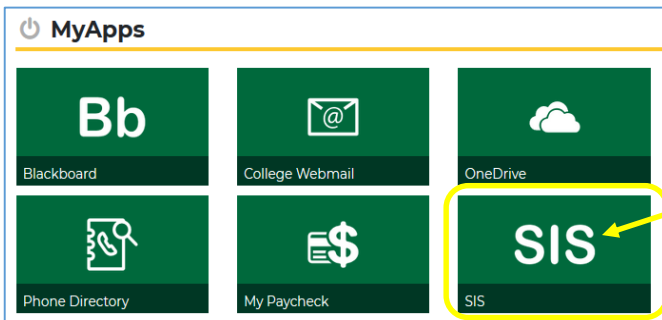


Program Placement Medical Records



Open an Internet browser and go to <https://www.stclaircollege.ca/>

Click MYSTCLAIR. Then if prompted to do so, enter your St. Clair One username and password.

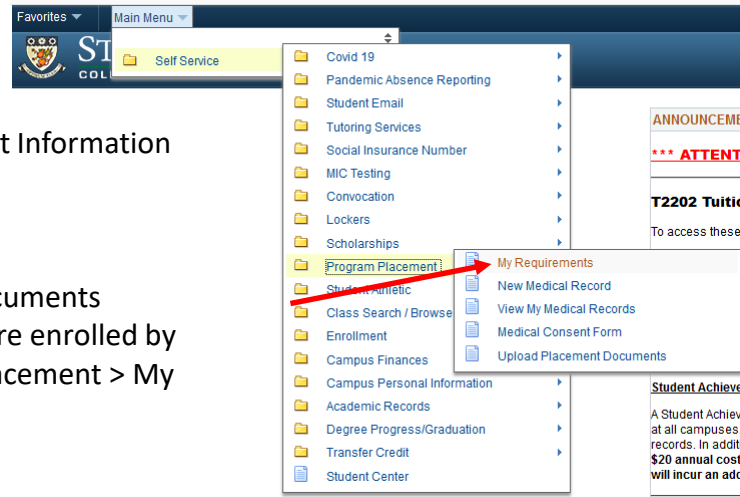


At the next page click the SIS tile.

You will now have been directed to the SIS (Student Information System).

My Requirements

You will be able to view the specific Placement Documents required for the Academic Program in which you are enrolled by clicking on Main Menu > Self Service > Program Placement > My Requirements. Next click on the applicable Term.



ANNOUNCEMENT
***** ATTENTION *****
T2202 Tutoring
To access these resources...

Student Achievement
A Student Achievement award is given to all campuses. These records. In addition, a \$20 annual cost will incur an additional...

Program Placement Medical Records

My Requirements (cont'd)

At the next page all of the requirements for your Academic Program will be listed.

Test, Test Test Fall 2022

Your Program Information

Term	Term Description	Registration Status	Academic Load	Program	Program Name	Level	Campus
1170	Fall 2022	Registered	Full-Time	H060	Practical Nursing	Ad1	SOUTH

Your Program Term Requirements

Item Code	Description
CPR	CPR Level C or BLS, with AED no 100%online courses
FIRST AID	Standard First Aid - one time only for semester
HEALTH ASSESSMENT	Health Assessment Year 1 Program
POLICE CHECK	Vulnerable Sector Police Clearance

Your term requirements on file

Program	Level	Item Code	Description	Item Status	Date Received	Date Taken	Date I
H060	Ad1	CPR	CPR Level C or BLS, with AED no 100%online courses	Not Appr	11/09/2020	09/01/2020	09/01
H060	Ad1	FIRST AID	Standard First Aid - one time only for semester	Not Appr	11/09/2020	09/09/2020	09/09
H060	Ad1	POLICE CHECK	Vulnerable Sector Police Clearance	Not Appr	11/09/2020	09/07/2020	09/07

Program Placement Instructions

It is your responsibility to complete your program term requirements. Please visit the Health Centre to have your completed requirements verified as Once all requirements have been accepted for your term you will be certified for your program placement. Click on link below for more instructions.

[Click here for Placement Instruction](#)

Navigation: [Home](#) [Return to Search](#) [Previous in List](#) [Next in List](#)

Medical Consent Form

You must give your consent. Click on Main Menu > Self Service > Program Placement > Medical Consent Form. Next click [Add a New Value](#)

Main Menu

- Self Service
 - Covid 19
 - Pandemic Absence Reporting
 - Student Email
 - Tutoring Services
 - Social Insurance Number
 - MIC Testing
 - Convocation
 - Lockers
 - Scholarships
 - Program Placement**
 - My Requirements
 - New Medical Record
 - View My Medical Records
 - Medical Consent Form**
 - Upload Placement Documents
 - Student Athletics
 - Class Search / Browse
 - Enrollment
 - Campus Finances
 - Campus Personal Information
 - Academic Records
 - Degree Progress/Graduation
 - Transfer Credit
 - Student Center

ANNOUNCEMENTS

***** ATTENTION**

T2202 Tuition T

To access these rece

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at all campuses. The
records. In addition, th
\$20 annual cost of pi
will incur an addition

Program Placement Medical Records

Medical Consent Form (continued)

On the Medical Consent Form page choose all options that apply to you, choose the option that you have read and agree. Then click Save.

Medical Consent Form

Student ID: _____ First Name: _____
Middle Name: _____
Last Name: _____ Date of Birth: _____

The Health Care Provider has offered to communicate using the following means of electronic communication("the Services").

Please check all that applies:

<input type="checkbox"/> Email	<input type="checkbox"/> Text Messaging
<input type="checkbox"/> Videoconferencing	<input type="checkbox"/> Website / Portal
<input type="checkbox"/> Other	<input type="checkbox"/> Social Media

Specify: _____ Specify: _____

You and the Health Care Provider will not use the Services to communicate sensitive medical information about matters specified below.

Please check all that applies:

<input type="checkbox"/> Sexually transmitted disease	<input type="checkbox"/> Mental Health
<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Developmental disability
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Other

Specify: _____

I have reviewed and understand all the risks, conditions and instructions described in the "Consent to Use Electronic Communication".

I have read and agree

I do not agree

Agree Date: _____ Agreed by: _____

For St. College Health Centre Use Only: _____

New Medical Record

Next you must create a new medical record for the semester in which you are enrolled. Go to Main Menu > Self Service > Program Placement > New Medical Record.

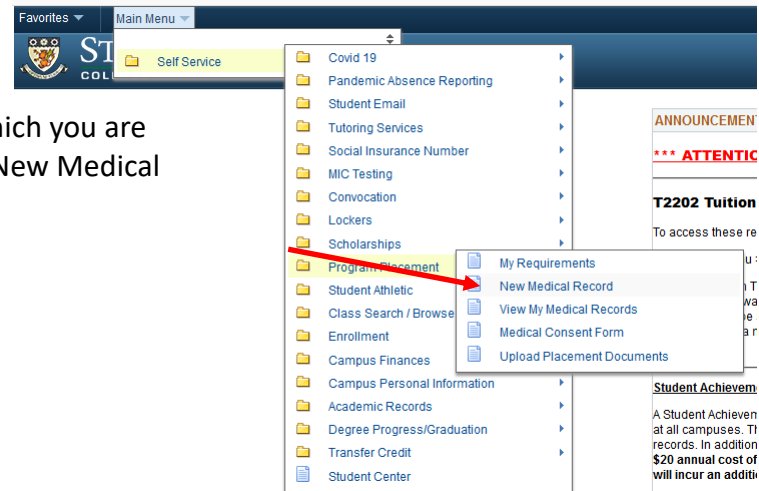
Choose your current semester and click Add.

New Medical Record

Basic Lookup

Term

Term Description	Short Description
9999 End Term - Srvc Indicator Use	End Term
1380 Spring 2021	21S
1375 Winter 2021	21W
1370 Fall 2020	20F
1360 Spring 2020	20S
1355 Winter 2020	20W
1350 Fall 2019	19F
1340 Spring 2019	19S
1335 Winter 2019	19W



Program Placement Medical Records

New Medical Record (cont'd)

You will be required to complete all of the sections/tabs that apply to the Academic Program in which you are enrolled.

After completing filling out all information click Save.

Student Medical Record

Student ID: _____ First Name: _____
Middle Name: _____
Last Name: _____ Date of Birth: _____

Term: 1355 Winter 2020

Registered Program						
Campus	Program	Level	Program Name	ncy	Registration Status	Academic Load
South Campus	H850	A02	Collaborative Nursing	ON	Registered	Full-Time

Contact Information

Address Type	Address Line 1	Address Line 2	City	Prov/State	Postal Code	Home Phone	Cell Phone	Campus Email Address
HOME	:							

*Please enter your Health Care Number: *VC:

Instructions

Based on your program term requirements, please complete all sections displayed.

Health History Section
Immunization Record Section
Physical Examination Section
Medical Clearance Section

Once all sections have been completed, the St. Clair College Health Centre Nurse will assess and grant you your Passport to Health

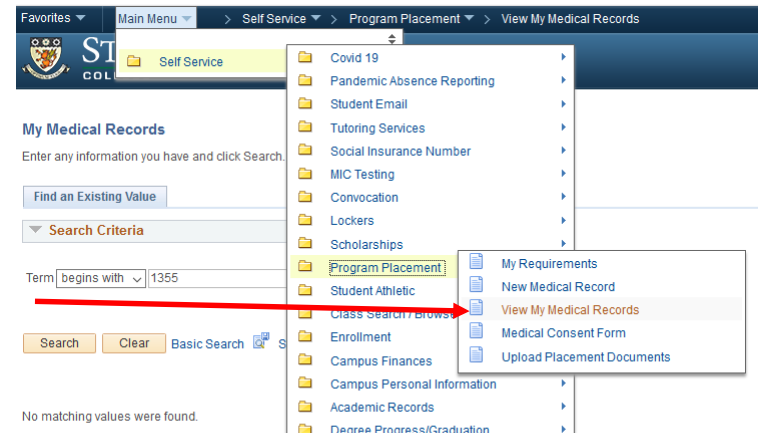
St. Clair College Health Centre Use Only

Passport to Health Code: _____
Passport Expires in Months: _____
Passport to Health:
Assessed by: _____
Date: _____

View My Medical Records

You will be able to view medical records that you have entered, You will be able to update medical records that have not been approved

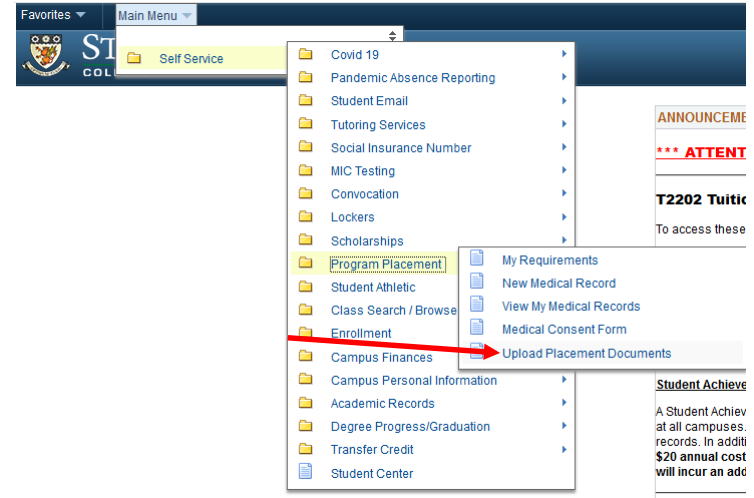
Go to Main Menu > Self Service > Program Placement > View My Medical Records and choose the applicable semester. Then click Search or tap your Enter key.



Program Placement Medical Records

Upload Placement Documents

You must upload other placement documents such as police clearances, N95 mask fitting, CPR etc. by going to Main Menu > Self Service > Program Placement > Upload Placement Documents.



At the Upload Placement Documents page you will have the option to Attach relevant documents by clicking the Attach file button after clicking the Add link, then choosing the file from your computer. You also have the ability to view them by clicking the View Attached File button or delete them by clicking the Delete link.

Navigation: Favorites > Main Menu > Self Service > Program Placement > Upload Placement Documents

ST. CLAIR COLLEGE

Upload Placement Documents

Student ID: _____ First Name: _____ Last N _____

Student's Last Program Information

Term	Term Description	Registration Status	Program	Program Name	Level	Campus	Current GPA	Academic Standing
1355	Winter 2020	Registered	H850	Collaborative Nursing	A02	SOUTH		

List of placement items

*Item Code	Description	Attach file	View Attached File	Attached File	Username	Attached Date Time	Applied Count	*Date Received	*Date Taken	Expiration Length in Months	*Date Expired	*Item Status	Comments/Notes	Add	Delete
CPR	CPR Level C BLS with AED (Defib) no online courses	Attach file	View Attached File				1	10/08/2019	09/08/2019	12	09/08/2020	Approved		Add	Delete
FIRST AID	Standard First Aid - one time only on admission	Attach file	View Attached File				1	10/08/2019	09/11/2019		09/11/2022	Approved		Add	Delete
MEDCLR	Medical Clearance - complete	Attach file	View Attached File				1	10/08/2019	09/30/2019	12	09/30/2020	Approved		Add	Delete
N95 MASK FIT	N95 Mask Fit Card good for 2yrs	Attach file	View Attached File				1	10/08/2019	09/11/2019	24	09/11/2021	Approved		Add	Delete
POLICE CHECK	Vulnerable Sector Police Clearance	Attach file	View Attached File				1	10/08/2019	09/03/2019	12	09/03/2020	Approved		Add	Delete