Student Placement Requirements

Student Name: ________________________   Student ID: __________________

1. Baycrest Online Registration
   - Completed: □   Not Completed: □

2. Immunization (check if completed or not completed)
   a. Measles
      - Completed: □   Not Completed: □
   b. Mumps
      - Completed: □   Not Completed: □
   c. Rubella/Rubeola
      - Completed: □   Not Completed: □
   d. Varicella
      - Completed: □   Not Completed: □
   e. Flu Shot
      - Completed: □   Date: _______   Not Completed: □
   f. TB Test
      - Completed: □   Date: _______   Not Completed: □

3. Vulnerable Police Check (Bring form to Academic Education)

4. Mask Fit
   - Number: _______   Expiry: __________

Academic Institution (Your School): __________________________________________

Student Signature: _____________________________________   Date: ________________