

PARRY SOUND DISTRICT PARAMEDIC SERVICES



Pre-Employment Package

Paramedic Hire

To be considered for Paramedic recruitment, this pre-employment package must be completed and submitted upon selection. It is recommended that candidates begin compiling the contents of this package as soon as possible as some elements may require time to complete.



West Parry Sound Health Centre
PARRY SOUND DISTRICT EMS
99 Bowes Street, Parry Sound, ON P2A 2L8
Tel: (705) 746-8440 Fax: (705) 746-7510



DOCUMENTATION REQUIRED

Cover Letter & Resume	
Copy of Driver's License (colour photocopy/scan of both front and back) ("F" class required)	
Copy of Drivers Abstract (dated 2025)	
Copy of Vulnerable Sector Police Check (within past 12 months) (should police station require an employer's letter of request, email tnielsen@wpshc.com)	
Copy of valid First Aid /CPR (level HCP)	
Communicable Disease form (Part A) signed by Physician or other Health Care Professional (form used for college is acceptable if dated within past two years)	
Communicable Disease Self Declaration (Part B) signed by candidate	
Proof of Tetanus/Diphtheria/Polio (yellow immunization card)	
Copy of laboratory evidence of immunity (mumps, measles, rubella, hep B, varicella)	
Proof of Covid Vaccine (QR Code)	
Proof of Flu Shot (if applicable)	
Copy of High School Diploma	
Copy of College Diploma from approved Paramedic program (those candidates pending graduation must provide letter from school that confirms expected program completion date)	
Copy of EMCA (if applicable)	
Copy of Base Hospital Certification (if applicable)	
Fit Testing Results (if applicable)	



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COMMUNICABLE DISEASE REPORT (TABLE 1 – PART A)

NAME OF PARAMEDIC: _____ DATE OF BIRTH: _____

<u>Disease</u>	<u>Schedule</u>	<u>Date(s)</u>
Tetanus & Diphtheria	Primary series (3 doses) if unimmunized Td booster doses every 10 years.	
Pertussis	1 single dose of tetanus diphtheria acellular pertussis (Tdap) vaccine regardless of age if not previously received in adulthood.	
Polio	Primary series (3 doses) if previously unimmunized or unknown polio immunization history.	
Varicella (Chickenpox)	2 doses if no evidence of immunity.	
Measles	2 doses if no evidence of immunity regardless of age.	
Rubella	1 single dose if no evidence of immunity.	
Mumps	2 doses if no evidence of immunity.	
Hepatitis B	2 – 4 age appropriate doses with serologic testing within 1 to 6 months after completing the series. Please include the dates for each vaccination and date of serology test	
Covid-19	Only Health Canada approved vaccines, supported with enhanced vaccine certificate (QR Code)	Dose #1: Dose #2: Dose #3:

This is to certify, (Paramedic's name) _____ has been immunized against the listed diseases in Table 1 – Part A of the Ministry of Health and Long Term Care Ambulance Service Communicable Disease Standards, or, such immunization is medically contraindicated, or, there is laboratory evidence of immunity, or, there is medically documented diagnosis or verification of history.

Physician's Name (Printed)

Physician's Signature

Date (MM/DD/YY)



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COMMUNICABLE DISEASE SELF DECLARATION (TABLE 1 – PART B)

Acquired Immunodeficiency Syndrome (Aids)	Amebiasis	Anthrax
Botulism	Campylobacter Enteritis	Cholera
Cytomegalovirus Infection (congenital)	Diphtheria	Encephalitis (primary viral)
Gastrointestesteritis	Giadiasis	Group A Streptococcal Disease (invasive)
Haemophilus Influenza B Disease (invasive)	Hemorrhagic Fevers (including Ebola Virus, Marburg Virus & other viral causes)	Viral Hepatitis (Hepatitis A, B, & C)
Influenza	Lassa Fever	Legionellosis
Leprosy	Listeriosis	Malaria
Measles	Viral Meningitis	Mumps
Ophthalmia Neonatorum	Parathyphoid Fever	Pertussis (Whooping Cough)
Plague	Poliomyelitis (Acute)	Psittacosis/Ornithosis
Q Fever	Rabies	Rubella
Salmonellosis	Shingellosis	Tularemia
Tuberculosis	Typhoid Fever	Yellow Fever
Yersinosis	Vertotoxin (producing E.Coli infections)	

I _____ (print name) am free from all communicable diseases set out in Table 1 – Part B.

Paramedic's Name (Printed)

Paramedic's Signature

Date (MM/DD/YY)