
MEDICAL FORM

Full Name: _____ Date of Birth: _____

Program Name: _____ Program Location: _____

Statement Regarding Program Demands

Medavie HealthEd has a strong focus on the health and wellness of its students, as well as the safety of patients and the public at large. This medical record will aid our institution in guiding an applicant's expectations regarding the physical and psychological demands of the program and subsequent career in Paramedicine, and potentially identify areas requiring accommodation. Therefore, it is important that the applicant and their Physician review this document in detail so as to appreciate its relevance to our admission process.

When contemplating entry the applicant and their Physician must consider any pre-existing medical conditions and/or disabilities that may prevent the applicant from successfully achieving their career goal. In turn, applicants are strongly encouraged to discuss any academic, physical, or psychological challenges with our institution, so that we may determine what, if any, form of accommodation can be afforded.

Our students participate in patient care (sometimes in uncontrolled environments) where they will be exposed to physically and psychologically exhausting events. We ask that applicants and their Physicians discuss whether they possess the physical and psychological fitness necessary to perform the bona fide occupational requirements of the paramedical profession. These requirements may be found on the Paramedic Association of Canada (PAC) website www.paramedic.ca, under the heading National Occupational Competency Profile.

Specifically, the Physician and student should consider the following:

1. Any form of back injury
2. Vision or hearing loss
3. Neurological or muscular disorders
4. History of Seizures
5. Brain Injury
6. Learning disabilities
7. Psychological illness
8. Communicable diseases
9. Immune deficiencies
10. Or any other illness or injury that impacts the applicant's ability to:
 - a. read and write at a post-secondary level,
 - b. complete math computations,
 - c. communicate verbally,
 - d. practice effective problem solving, decision making and job planning
 - e. working collaboratively in an ongoing team environment
 - f. control their fine motor functions, sensory perception or physical strength

MEDICAL QUESTIONNAIRE

Section 1

This section of the questionnaire is to be completed by the applicant, after review of the “Statement Regarding Program Demands” found on page 1 and 2 of this Medical Form.

1. I have read the “Statement Regarding Program Demands.” Yes _____ No _____
2. I have a physical disability or learning disability Yes _____ No _____
3. If you answered yes to number 2 above, have you requested a copy of Medavie HealthEd’s Disability/Medical Condition Questionnaire, so that we may collaborate to ascertain what, if any, form of accommodation is required? Yes _____ No _____

I, _____ authorize my Physician to disclose my personal health information outlined in Section 2 of this document to Medavie HealthEd. I understand that disclosure of this personal health information is for the purposes of admission consideration to the paramedic program.

Applicant Signature: _____ Date: _____

Section 2

This section of the questionnaire is to be completed by the applicant’s Physician, after review of the “Statement Regarding Program Demands” outlined above.

- 1) I have read the “Statement Regarding Program Demands.” Yes _____ No _____
- 2) The above named applicant has been under my care for _____ Yes _____ No _____
(indicate months or years)
- 3) Does the applicant suffer from any physical problems, which would require special consideration? Yes _____ No _____
- 4) Does the applicant suffer from any chronic physical illness/injury? Yes _____ No _____
- 5) Does the applicant suffer from any chronic emotional/psychological illness? Yes _____ No _____
- 6) Does the applicant suffer from any communicable illness? Yes _____ No _____
- 7) Does the applicant suffer from any form of skin disease? Yes _____ No _____
- 8) Does the applicant suffer from any cardiovascular disease that requires special consideration? Yes _____ No _____
- 9) Does the applicant suffer from any respiratory disease that requires special consideration? Yes _____ No _____

MEDICAL QUESTIONNAIRE CONTINUED

10) Does the applicant suffer from any musculoskeletal disease that requires special consideration? Yes _____ No _____

11) Does the applicant suffer from any neurological disease that requires special consideration? Yes _____ No _____

12) Does the applicant suffer from any visual impairment? Yes _____ No _____

13) Does the applicant suffer from any hearing impairment? Yes _____ No _____

14) Does the applicant suffer from any other health concern that requires special consideration? Yes _____ No _____

Comments: _____

Upon examination of the above named applicant, it is my opinion that the applicant is, **(please check one)**:

Medically Fit, or Not Medically Fit

to complete the paramedic program considering the physical and psychological requirements indicated on page 1 and 2 of this document.

Physician Contact Information (stamp if available):

Physician Signature: _____

Date of Examination: _____

Physician Name: _____

Business Address: _____

Phone Number: _____

Important Note:

Nova Scotia applicants should return this document to the Dartmouth Campus at 50 Eileen Stubbs Avenue - Unit 154, Dartmouth, NS, B3B 0M7.

New Brunswick program applicants should return this document to the Moncton Campus at 210 John Street - Suite 202 Moncton, NB, E1E-2B9