



Teen Challenge of Central Canada

PRE-ENTRANCE MEDICAL EXAM – Women

Students Name: _____ Date Of birth: _____

Health Card reg. # _____ ID # _____

Form below line to be completed by a Doctor or Medical Staff

1. Medications currently prescribed and reasons for use: _____

2. Does the applicant currently suffer from any of the following:

Diabetes Allergies Asthma High Blood Pressure Heart Problems

Please explain: _____

3. Does the applicant have any physical limitation that would hinder her from doing normal physical labour:

Yes No

Please explain: _____

4. Does the applicant currently suffer from any of the following mental illness:

Schizophrenia Bi-Polar ADD Other

Please explain: _____

5. Does the applicant have any life threatening allergies?

Yes No

Please explain: _____

6. Does the applicant have any non-life threatening allergies?

Yes No

Please explain: _____

7. Current:

Height: _____ Weight: _____ Blood Pressure: _____



In my opinion, this person is stable enough physically, mentally, and emotionally to participate in a long-term residential program involving learning, taking of responsibilities, and discipline to help produce a self-disciplined life.

Examining Physician's Name: _____

Address: _____

Phone Number: _____

Examination Date: _____

Physician's Signature: _____



REQUIRED LAB WORK – WOMEN

Students Name: _____ Date Of birth: _____

Health Card reg. # _____ ID # _____

STD Testing:

Syphilis: Yes No

Gonorrhea: Yes No

Herpes: Yes No

Hepatitis: A Yes No

B Yes No

C Yes No

HIV: Yes No

Pregnancy Test: Positive Negative

I _____, hereby grant permission for my blood transcripts to be faxed directly to the Teen Challenge Intake Office at (204) 949-9479.

Student Signature: _____ Date : _____