

# TEEN CHALLENGE OF CENTRAL CANADA PRE-ENTRANCE MEDICAL EXAM

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Students Name: \_\_\_\_\_ Date Of birth: \_\_\_\_\_

Health Card reg. # \_\_\_\_\_ ID # \_\_\_\_\_

## FORM BELOW LINE TO BE COMPLETED BY A DOCTOR OR MEDICAL STAFF

Does the above have any physical limitations that would hinder them from doing normal manual labor? If so explain: \_\_\_\_\_

**Does the above currently suffer from any of the following?**

Diabetes  Allergies \_\_\_\_\_ Asthma  Heart problems  Back problems

Currently on medication  Handicaps (physical, mental, emotional)

If YES to any of the above, explain: \_\_\_\_\_

**Please fill out the following information and blood work:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

VDRL \_\_\_\_\_ Hep B \_\_\_\_\_ Hep C \_\_\_\_\_ HIV \_\_\_\_\_

**Please fill out the following Urinalysis information:**

Protein \_\_\_\_\_ Glucose \_\_\_\_\_ Nitrates \_\_\_\_\_ Blood \_\_\_\_\_

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.

Physicians Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's signature \_\_\_\_\_