

TEEN CHALLENGE OF CENTRAL CANADA PRE-ENTRANCE MEDICAL EXAM

414 EDMONTON STREET, WINNIPEG MB. R3B 2M2
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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 _____