Medical Form for Holland College Health Programs
(The physician’s examination must be completed within 12 months of the Program Start Date.)

Applicant Name: ____________________________ Phone No: ____________________________
Address: ____________________________________________________________
Month/Year of Birth: __________ / __________

Program (Please check one):
☐ Primary Care Paramedicine ☐ Advance Care Paramedicine ☐ Resident Care Worker ☐ Practical Nursing

This questionnaire is to be completed by a physician following an examination of the above applicant.

1. Does the applicant suffer from any physical problems, which would require special consideration? __________ Yes ☐ No ☐
2. Does the applicant suffer from any chronic physical illness? __________ __________ __________ __________ __________ Yes ☐ No ☐
3. Does the applicant suffer from any chronic emotional illness? __________ __________ __________ __________ __________ Yes ☐ No ☐
4. Does the applicant suffer from any communicable disease? __________ __________ __________ __________ __________ Yes ☐ No ☐
5. Does the applicant suffer from any skin disease? __________ __________ __________ __________ __________ Yes ☐ No ☐
6. Does the applicant suffer from allergies? __________ __________ __________ __________ __________ Yes ☐ No ☐
7. Does the applicant suffer from any cardiovascular disease that would require special consideration? __________ Yes ☐ No ☐
8. Does the applicant suffer from any respiratory disease that would require special consideration? __________ Yes ☐ No ☐
9. Does the applicant suffer from any musculoskeletal disease that would require special consideration? __________ Yes ☐ No ☐
10. Does the applicant suffer from any visual impairment? __________ __________ __________ __________ __________ Yes ☐ No ☐
11. Does the applicant suffer from any hearing impairment? __________ __________ __________ __________ __________ Yes ☐ No ☐
12. Is there any factor not covered by the above questions which would affect the applicant’s suitability to successfully complete the above noted program? __________ Yes ☐ No ☐

Note: Please refer to the outline of physical requirements for the programs on the reverse side this medical form.

Physician declaration:
After completion of an examination of the individual named above, it is my opinion that the “applicant” is
☐ Medically Fit, ☐ NOT Medically Fit

to undergo the training program with full regard to all the physical requirements indicated on the reverse side of this form.

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date of Examination: ____________________________ Physicians Signature: ____________________________

Physician Contact Information: (Please Print)

Physician Name: ____________________________ Business Phone No: ____________________________
Clinic/Office Business Address: ____________________________________________________________

QF057-Health Programs Medical Form  Revision: Three  Issued: June 30, 2016
Information Regarding the Physical Requirements of the College Programs Identified on this Form

Note to Physician and Applicant:

1. The purpose of the information in this medical report is not to exclude the applicant, but rather to ensure that the applicant and the College are aware of any potential health concerns. When appropriate, applicants with health concerns are provided with the opportunity to demonstrate that they can meet the requirements of the program.
2. Below is a brief description of the physical demands of the programs.
3. The College also requires that students in these programs provide results of a TB test. Students must test negative for a TB skin test or a negative chest x-ray.

Primary Care and Advance Care Paramedicine Programs:

The programs and the occupational field require students to lift, move and transfer clients under various conditions where the total body weight of the client plus the stretcher may exceed 200 lbs (90 Kgs). The students are required to care for and maneuver victims from settings which include stairs, vehicles, small spaces, and a variety of terrain under all sorts of weather conditions.

Resident Care Worker and Practical Nursing Programs:

The programs and the occupational field require students to lift, move and transfer clients. Students are also required to conduct frequent hand washing, use soaps and lotions for bathing clients and be exposed to cleaning and sanitizing chemicals. Students who suffer from food allergies should also be aware that they are required to assist in feeding clients and are therefore exposed to a wide variety of foods.