

CURRENT MEDICAL CONDITION

1. Height (cms.) _____ 2. Weight (kgs.) _____
2. Do you have any medical condition requiring on-going supervision and treatment, or any condition that is currently in remission? Yes No
3. Are you currently receiving or have received in the past two years counselling for any emotional problems, drug addiction, including alcoholism, psychiatric conditions, and/or eating disorders?
 Yes No
4. Have you been in good health for the past twelve months? Yes No

If your answer to questions 2 and 3 is "yes", and "no" to question 4, please give details on a separate sheet of paper.

IMMUNIZATIONS RECEIVED (Include Dates)

_____ Tetanus	_____ Hepatitis	_____ Rabies	_____ Encephalitis
_____ Pertussis	_____ Measles	_____ Polio	_____ Meningococcal
_____ Diphtheria	_____ Mumps	_____ Typhoid	_____ Yellow Fever

APPLICANT'S AND PHYSICIAN'S CERTIFICATION

I certify that the information I have provided above is true and accurate to the best of my knowledge.

_____ Applicant's Signature _____ Date

I have reviewed the information provided by the applicant and I believe it to be a true and accurate description of his/her general health. I also affirm to the best of my knowledge that there are no serious medical conditions that would prevent the applicant from full participation in the program of study the applicant has applied for.

I have attached the results of a lung x-ray and separate sheet describing the treatment plan for any current medical condition(s) described by the applicant in his/her personal health history.

_____ Physician's Signature _____ Date

Physician's Telephone _____ E-mail _____