

# Pre-Entrance Medical Clearance Form

Fax completed bloodwork results to (204) 949-9479 or email at [intake@teenchallenge.tc](mailto:intake@teenchallenge.tc)  
Note that the client must retain a copy of this document for intake purposes.

Client Name	Date of Birth <i>YYYY/MM/DD</i>
Health Card #	Health Card Reg # (if applicable)
Height (cm)	Weight (lbs)

**A MEDICAL DOCTOR MUST COMPLETE FORM BELOW THIS LINE**

Does the above have any physical limitations that would hinder them from doing normal manual labour? Please circle:	YES / NO
If "yes," please explain:	

Does the above mentioned suffer from any of the following?

- Asthma
- Back Problems
- Diabetes
- Heart Problems
- Physical Handicaps
- Severe Allergies
- Symptoms of Covid 19

If you checked one or more boxes, please explain:

**ORDER BLOOD WORK FOR THE FOLLOWING**

- HIV
- HEP A, B & C
- SYPHILIS
- GONORRHOEA
- TUBERCULOSIS
- PREGNANCY TEST (FEMALE APPLICANTS ONLY)
- CHLAMYDIA

Does the above currently take any prescription medication?      YES / NO

If "yes," please list them below:

**THE ABOVE MENTIONED CLIENT IS PHYSICALLY CAPABLE OF PARTICIPATING IN A LONG-TERM PROGRAM THAT INVOLVES NORMAL MANUAL LABOUR NOT EXCEEDING THE MAXIMUM WEIGHT LIMITS FOR LIFTING BY CANADIAN LAW.**

Physician/Nurse	Today's Date <i>YYYY/MM/DD</i>
Clinic Address	Clinic Phone

# Consent to Release Information

I hereby authorize	NAME OF CLINIC
To disclose records concerning	NAME OF CLIENT

To *Adult & Teen Challenge of Central Canada*.

I understand that such disclosure will be made for use in intake considerations and retained client records in the ATCCC Long-Term Program. I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent except when action has been taken in reliance on it. If not earlier withdrawn, this consent expires thirty (30) days from the date of this letter.

Client Signature	Today's Date	YYYY/MM/DD
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# Instructions

- Bring the "Pre-Entrance Medical Exam" (this form) to a clinic and advise the doctor of its purpose;
  - For intake considerations into the ATCCC Long-Term Program.
  - For proof of medical clearance by a doctor to participate in the Long-Term Program that involves normal manual labour.
- Fill out and sign the "Consent to Release Form" (page 3) and give this to the clinic for their records.
- The doctor may return the signed "Pre-Entrance Medical Exam" form to you, or they may fax or email it to ATCCC.
- The doctor will then order bloodwork for the indicators outlined on the "Pre-Entrance Medical Exam" form.
- Bloodwork is completed at your nearest lab.
- The doctor may return the bloodwork results to ATCCC by fax or email when bloodwork is complete.
- A copy of the bloodwork results is securely saved to your client file and not shared with anyone outside of ATCCC.