Adult & Teen Challenge
of Central Canada

PRE-ENTRANCE MEDICAL EXAM

414 EDMONTON STREET, WINNIPEG MB. R3B 2M2 TEL: 204-949-9484 - FAX: 204-949-9479 - EMAIL: intake@teenchallenge.tc

CLIENTS NAME:	DATE OF BIRTH:
HEALTH CARD PHIN#:	HEALTH CARD REG#:
HEIGHT:	WEIGHT:

FORM BELOW LINE TO BE COMPLETED BY A DOCTOR OR REGISTERED NURSE

DOES THE ABOVE HAVE ANY PHYSICAL LIMITATIONS THAT WOULD HINDER THEM FROM DOING NORMAL MANUAL LABOR? PLEASE CIRCLE.	YES	NO
IF SO, PLEASE EXPLAIN:		

DOES THE ABOVE CURRENTLY SUFFER FROM ANY OF THE FOLLOWING? PLEASE CIRCLE.	DIABETES	ALLERGIES
	ASTHMA	HEART PROBLEMS
	SYMPTOMS OF COVID-19	BACK PROBLEMS
	PHYSICAL HANDICAPS	
IF SO, PLEASE EXPLAIN:		

PLEASE ORDER BLOOK WORK FOR THE FOLLOWING:

HIV	HEPTITAS A, B & C	SYPHILIS	GONORRHOEA
HERPES			

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DOES THE ABOVE CURRENTLY TAKE PRESCRIPTION MEDICATION? YES NO

IF SO, PLEASE LIST THEM:

IN MY PROFESSIONAL OPINION, THE PERSON LISTED ABOVE IS STABLE ENOUGH PHYSICALLY TO PARTICIPATE IN A LONG TERM RESIDENTIAL PROGRAM THAT INVOLVES NORMAL MANUAL LABOR.

PHYSICIANS NAME: TODAYS DATE:

OFFICE ADDRESS:

PHONE NUMBER: