



MOUNTAIN ADVENTURE TOURISM CERTIFICATE PROGRAM

VALEMOUNT COLLEGE

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Email: inquiry@valemountcollege.com

COLLEGE HEALTH FORM

Name: _____

Maiden Name: _____

Address: _____

Telephone No: _____ Mobile Telephone No: _____

Email: _____

Health Requirements

Students in the Mountain Adventure Tourism Certificate Program must be in good physical condition suitable to participate in moderate outdoor recreation activities. Those activities may include hiking, skiing, canoeing, rafting, snowmobiling, and horseback riding in remote areas without easy access to medical facilities.

Personal Health History

Indicate by answering yes or no if you suffer from any of the following:

Allergies	_____	Arthritis	_____	Asthma	_____
Back Injuries	_____	Bronchitis	_____	Deformities	_____
Diabetes	_____	Disabilities	_____	Eczema	_____
Epilepsy	_____	Frequent Colds	_____	Heart Disorder	_____
Psychiatric Problems	_____	Rheumatic Fever	_____	Skin Disorders	_____
Tuberculosis	_____	Varicose Veins	_____		

Indicate and explain any accidents, hospitalizations, or operations within the past five years: _____

Describe any current or recurring health problems: _____

Are you presently taking any medication? If yes, please name: _____

Do you have any physical or psychological conditions which may interfere with your ability to function successfully in this program?

Date: _____ Applicant's Signature: _____

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To Be Completed by Physician

I performed a physical examination on _____
(student name)

on: _____
(date)

at: _____
(City)

In my opinion there is no apparent physical or emotional/psychological reason why this candidate would be unsuitable for this program.

Date: _____ Physician's Name: _____

Physician's Signature: _____