



Canadian College of **MASSAGE** and Hydrotherapy

MEDICAL NOTE

Why is this information required?

This form is to be completed by a medical doctor as part of the requirements for admission to the Canadian College of Massage & Hydrotherapy (CCMH). It will be used to assist in determining the individual's eligibility to our Massage Therapy program. The nature of the course work of a Massage Therapy professional setting requires good health and emotional stability.

If accepted, the applicant will be entering a full-time program with mandatory attendance requirements. Minimum hours are Monday to Friday for 6 hours per day of in-class time with additional hours 1 – 2 times per week in Terms 2, 3 and 4. Participation in the program will mean the applicant will:

- receive massage treatments over all body parts within the scope of massage therapy,
- receive treatment techniques that will include full body heat (steam, infra-red, immersion) or local heat and cold (ice massage),
- provide massage treatments to both fellow students and the general public,
- be required to carry 50lbs for short periods (massage tables to/from outside locations),
- assist clients on/off massage tables or in/out of wheelchairs,
- be sitting or standing for periods of one hour or more,
- using sustained movements such as lunges, reaching, and use of downward pressure.

CCMH abides by all Provincial Privacy Acts (PHIPA, PIPEDA, FIPPA). Applicant health information is kept strictly confidential. If you have questions about the collection, use and disclosure of this information by CCMH, contact the Admissions Department.

Cambridge Campus ph # 519-650-5533 ext 202, email: info@collegeofmassage.com

Toronto Campus ph # 416-322-1873, email: admissionsto@collegeofmassage.com

APPLICANT PERSONAL DATA		
Family (Last) Name:	Given/First Name (legal):	Birth Date:
		mm____/dd____/yy_____
APPLICANT MEDICAL DATA – Keeping in mind the CCMH program participation requirements, please complete the information below.		
How long has the applicant been under your care? _____		
How would you rate the applicant's overall health condition? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Does the applicant have any allergies? (including prescriptions, over the counter medications and food)		
<input type="checkbox"/> No <input type="checkbox"/> Yes, allergies are to _____		
If yes, do they require an Epi-Pen? <input type="checkbox"/> No <input type="checkbox"/> Yes		
CCMH has a mandatory attendance policy. To your knowledge, are there any health concerns that will prevent this student from attending on a regular daily basis?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		

(con't) Applicant Name: _____

Does the applicant have any health concerns that affect their daily function or that may affect their ability to participate in our program without accommodations?

No Yes – if yes, please choose the duration below that best applies and provide details of impact on the applicant's daily functions and/or ability to participate in the Massage & Hydrotherapy program.

Permanent: injury/illness/impairment with on-going (chronic or episodic) symptoms that will significantly impact the individual over the course of their expected life (Note: a Special Accommodation Request form or additional medical information may be requested)

Temporary: injury/illness/impairment with anticipated duration. Please indicate anticipated duration from mm____/dd____/yy_____ to mm____/dd____/yy_____.

Unknown status/duration: it is not currently known how long this will affect the applicant. In these cases, please indicate reasonable duration for which applicant should be accommodated and/or supported at this time from mm____/dd____/yy_____ to mm____/dd____/yy_____.

Details:

Other than those already mentioned above, does the applicant have a history of mental or physical health concerns that could have an impact on their success in our program?

No Yes – if yes, answer the next question. If no, skip to the following question.

Will the applicant require specific accommodations to be successful in the program at CCMH?

No Yes – if yes, a Special Accommodation Request form must be submitted for recommended accommodations to be implemented.

CCMH students practice massage therapy by treating their fellow classmates and the general public. To your knowledge, is this individual free from all communicable diseases?

Yes No

PHYSICIAN INFORMATION (PLEASE PRINT EXCEPT ON SIGNATURE LINE)

Physician Name:	License/registration Number:	Office Stamp
<p>Physician: I hereby certify that this patient is in good health, free from all communicable diseases and is physically and mentally capable of undertaking the Massage Therapy program at CCMH.</p> <p>Signature: _____</p> <p>Date: mm____/dd____/yy_____</p>		

RELEASE AUTHORIZATION OF APPLICANT

I hereby give permission for this information to be released as part of my application to the Massage Therapy Diploma Program at CCMH.

Applicant's Name (Please Print)

Applicant's Signature