MEDICAL CLEARANCE FORM

Patient Name:_____ **Date of Birth:**_____

Notice to The Examining Physician (*please read*): WCCMT requires all applicants registering into the 20 Month Registered Massage Therapy program present this form to a qualified physician to provide medical/mental health clearance. This form must be completed in order for the applicant to meet WCCMT's medical requirements.

Physical & Mental Demands: Please see the chart on the next page for details on the physical and mental demands of the program. WCCMT's program is a full-time program. Students attend on-campus five to six days per week (40 hours), plus an additional two to three hours of self-study per day. If you have referred this patient to a specialist (Psychologist or Psychiatrist) please explain below and indicate whether further clearance is required.

PHYSICAL HEALTH

Has/Does the Patient:	YES	NO
• Any recent injury, illness or infectious disease?	☐	☐
• Have a chronic or recurring illness/condition?	☐	☐
• Ever passed out during or after strenuous physical activity?	☐	☐
• Ever had seizures?	☐	☐
• Ever had high blood pressure?	☐	☐
• Ever had back problems?	☐	☐
• Ever had problems with joints? (eg. ankles, knees)?	☐	☐

If you answered "yes" to any of the above, please explain:

_____

_____

MENTAL HEALTH	YES	NO
• Is the patient in GOOD mental health?	☐	☐
• Has the patient had any history of mental illness?	☐	☐
• Is further clearance required?	☐	☐

If yes, please provide contact information for the psychologist/psychiatrist the patient was referred to:_____

_____

COMMUNICABLE DISEASES	YES	NO
• Does the Patient have any form of Communicable Disease?	☐	☐
• Does the patient have any skin problems (eg. – allergies, rash)?	☐	☐

Please see next page…

Physical Demands	Notes
Long periods of sitting	up to 8 hours/day
Long periods of standing	up to 6 hours/day
Frequent Lying Down	supine, prone, lateral
Frequent Climbing Stairs	up to three flights of stairs
Regular Lifting (massage table)	up to 30 lbs
Regular Carrying (massage table)	up to 30 lbs
Frequent Pushing & Pulling during massage treatments	
Squatting	
Lunging	
Mental Demands	
Frequent examinations	multiple exams per week
Receiving constructive criticism & feedback from instructors	
High performance environment	75% pass grade
High-Pressure Oral-Practical Exams	
Rigid schedule with mandatory attendance	5-6 days per week from 8:30am-4:30pm
Time pressures & deadlines	
Skills	
Visual and Auditory Attention	
Memorizing	
Reasoning	
Critical thinking	
Analyzing	
Self-Regulation	No on-campus mental-health support available

LIMITED ACCOMODATIONS AVAILABLE:
Requests for accommodations must be made prior to admission to the program. Accommodations for applicants with visual, hearing, or other physical disabilities must be accompanied by a medical report from an appropriate licensed medical practitioner. Accommodations for applicants with learning disabilities must be accompanied by a Psycho-Educational Assessment conducted by a registered Psychologist within the last five years. **Accommodations are limited to a) extended time to complete course examinations and b) a separate and private space to complete examinations.**

I declare that I have completed a full examination on the above patient and find them to be in good physical and mental health and to be free from any communicable diseases. I also further certify that the medical assessment provided by me on this form is true and accurate to the best of my knowledge.

The above patient: ☐ ***is*** ☐ ***is not*** **able to participate in this program.**

Physician Name: _____
(Print) (Signature) (Date)

Physician's Address: _____
How long have you known the patient?

NOTE: Form is invalid without Physician's printed name, address and signature

Mail completed form to: Admissions c/o 613 Columbia St., New Westminster, BC, V3M 1A7 – email admissions@collegeofmassage.com