HEALTH DECLARATION FORM

Applicant Name: _____ **Date of Birth (mmddyyyy):** _____

Health Declaration Form Instructions

All applicants to the 20-Month Registered Massage Therapy Program at WCCMT must complete this form to meet our medical requirements. Please refer to the chart for the details on the physical and mental demands of the program. This is a full-time program requiring attendance on campus five to six days per week (40 hours) and an additional two to three hours of self-study per day.

Confidentiality Statement

All information provided in this form will be kept confidential and will be stored securely in the student's file. This information will only be used by WCCMT administration to ensure compliance with medical and immunization requirements.

PHYSICAL, MENTAL AND EMOTIONAL HEALTH		
Do you have any recent injury, illness or infectious disease?	☐ Yes	☐ No
Do you have chronic health condition?	☐ Yes	☐ No
Do you have a health condition that has recurred or could have future recurrences?	☐ Yes	☐ No
Have you ever passed out during or after strenuous physical activity?	☐ Yes	☐ No
Have you ever had seizures?	☐ Yes	☐ No
Have you ever had blood pressure problems?	☐ Yes	☐ No
Have you ever had back problems?	☐ Yes	☐ No
Have you ever had problems with joints? (eg. ankles, knees)?	☐ Yes	☐ No
Do you have any history of mental illness?	☐ Yes	☐ No

If you answered "yes" to any of the above, please provide further information including but not limited to your management plan while in school:

_____

_____

_____

COMMUNICABLE DISEASES		
Do you have any form of communicable disease?	☐ Yes	☐ No
Do you have any skin problems (e.g. – allergies, rash)?	☐ Yes	☐ No

If yes, please provide further information including, but not limited to, your management plan while in school:

_____

_____

CHECK TO ACKNOWLEDGE THE DEMANDS OF THE PROGRAM

Physical Demands

☐ 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
☐ Frequent pushing and pulling during massage treatments
☐ Regular lifting of massage table up to 30 lbs.
☐ Regular carrying of massage table up to 30 lbs.
☐ Squatting
☐ Lunging

Mental Demands

☐ Frequent examinations - multiple exams per week
☐ Receiving constructive criticism and feedback from instructors
☐ High performance learning environment – 70% pass grade
☐ High-pressure Oral-Practical exams

☐ Rigid schedule with mandatory attendance – 5 to 6 days per week between 8:00am-5:00pm, Clinical Placement shift / schedule may finished later than 8pm

☐ Time pressures and deadlines

Skills

☐ Visual and Auditory Attention ☐ Critical thinking

☐ Memorizing ☐ Analyzing

☐ Reasoning ☐ Self-regulation (No on-campus mental health support available)

IMMUNIZATION DISCLOSURE

To ensure the safety and well-being of all students, staff, and clients as well as compliance with local health authorities, WCCMT requires applicants to disclose their immunization status for the following vaccines/tests. Please complete the chart below by indicating whether you have received each vaccine/test and provide the date of your most recent dose/test if applicable. Local health authorities recommend the following vaccines/tests for anyone working in their care facilities.

Vaccine/test	Received/test completed		Date of Last Dose/test mmddyyyy
Hepatitis B	☐ Yes	☐ No	
Measles, Mumps, Rubella (MMR)	☐ Yes	☐ No	
Tetanus, Diphtheria, and Pertussis (TDAP)	☐ Yes	☐ No	
Varicella (chicken pox)	☐ Yes	☐ No	
Influenza	☐ Yes	☐ No	
COVID –19	☐ Yes	☐ No	
Tuberculosis (TB) skin/serology test results	☐ +ve	☐ –ve	

A negative TB skin test result is acceptable within 6 months or 14 days prior to the start of Clinical Placement. Please ensure that all the information provided is accurate and complete. If you have any questions or concerns regarding the immunization disclosure, please contact the admissions office at 250 381 9800 ext. 227 for assistance.

Important Note:

Students who have not received some of the recommended vaccines/tests listed above will have limited outreach opportunities for the clinic requirements of the program. Students may be required to wear PPE (personal protective equipment) depending on individual facility requirements. For further information on recommended vaccines/tests for healthcare workers please refer to the British Columbia Centre for Disease Control resource guidelines here: HealthCareWorkers.pdf (bccdc.ca)

LIMITED ACCOMODATIONS AVAILABLE:

Requests for accommodations must be made prior to admission to the program. Accommodation 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 alternate learning styles must be accompanied by a Psycho-Educational Assessment conducted by a registered Psychologist within the last five years. **Accommodation is limited to a) extended time to complete course examinations and b) a separate and private space to complete examinations.**

I, _____, declared that I have reviewed and understand the physical, psychological and emotional demands of the training and to the best of my knowledge believe I am in good health and do not know of any factors impacting my ability to complete all required components of the program.

I also verify that all the information that I have provided to WCCMT is true, accurate and complete to the best of my knowledge.

Applicant Signature: _____ **Date (mmddyyyy):** _____