



REPORT TO BE COMPLETED NO MORE THAN 30 DAYS PRIOR TO START OF CLASSES

**PERSONAL SUPPORT WORKER PROGRAM
PRE-ADMISSION MEDICAL REPORT**

Name: _____ Date of Birth: _____
Month/Day/Year

Address: _____
Apt. Street City Province Postal Code

Start date for the Program: _____ Telephone Number: _____

Date of Last Medical Check up: _____

Have you had? Chicken Pox If so, when? _____
Shingles If so, when? _____

Immunization Recommended within the last 10 years

Polio _____ (date) Tetanus _____ (date) Rubella _____ (if susceptible)(date)

Recommended Immunization

Seasonal Flu Shot _____ (date)
(Most facilities require a flu shot in order to participate in the practicum.)

Hepatitis A&B _____ (date)
(Some facilities require Hep A&B immunization in order to participate in the practicum.)

TESTS REQUIRED BEFORE STARTING THE PERSONAL SUPPORT WORKER PROGRAM

TB Skin Test (Two Step Mantoux)	1 st	Result _____	Date _____
	test	Result _____	Date _____
Chest X-Ray (if Mantoux positive)		Result _____	Date _____
Rubella Titre (if not immunized)		Result _____	Date _____
Hepatitis B Antigen		Result _____	Date _____
Hepatitis B Antibody (if antigen is positive)		Result _____	Date _____

Note: If the TB Skin Test is positive, it must be followed up with an x-ray. If the x-ray is positive for TB the individual will not be admitted into the PSW program.

Personal Support Worker Program Pre-Admission Form

Check List of Essential Physical Abilities

Physical Demand	Sample Duties	Demonstrated Ability	
		Yes	No
Lifting (up to 25 kg)	Laundry, groceries, use of equipment (lifts, vacuum)		
Carrying and shifting weight (up to 25 kg)	Client transfers and positioning, assisting with personal care, groceries, laundry		
Mobility: Limbs/back Bending Crouching Kneeling Balancing Sitting Standing (possibly for long periods) Climbing stairs (leg and knee flexibility) Pushing and pulling Reaching Hand/arm and shoulder dexterity	Housekeeping duties Client transfers and repositioning Assisting with personal care		
Hearing	Assisting with personal care Client safety Conversations and other sounds		
Vision: Colour Depth Spatial	Client safety Medication Meal preparation		

Physician Completing the Report

I have verified that the applicant for admission into the Personal Support Worker program is physically able to complete the above duties, and has up-to-date immunization.

_____ (Name: Please Print) _____ (Telephone Number)

_____ (Address)

_____ M.D. _____
(Signature) (Date)