



Medical Form

Personal Information

Name:

Last Name	First Name	Middle Name
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Mailing Address:

Street or Box Number	City
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Province/State	Postal/Zip Code	Country
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Phone: (____) _____ Birthdate (dd/mm/yyyy): _____

Medical Information

Name of Doctor: _____ Phone: (____) _____

Office Address:

Street or Box Number	City
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Province/State	Postal/Zip Code	Country
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Manitoba medical #: _____

6-digit Registration No.	9-digit Personal Health I.D. No.
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Medical number from another province: _____ Province: _____

If you are from outside Canada, do you have medical insurance to cover for your stay here?

Yes No

Please provide name of your insurer and plan details.

Insurer:

Plan #:

Personal #:

Please list any foods to which you have sensitivities or allergies: _____

Do you have a life-threatening allergy? Yes No

What is your allergy? _____

Do you carry an epi pen? Yes No

Are there any medical conditions you are dealing with that we should be aware of?

Are there any medications you are taking regularly that we should be aware of in case of an emergency?

Do you have any functional limitations in the areas of physical or mental health for which an accommodation will be helpful or necessary (eg- wheelchair access, large print documents, frequent breaks, etc.)? Yes No

If yes, please outline the accommodation you would need.

In addition to the above information, is there anything else we should be aware of?

Signature: _____

Name (please print): _____

Date (dd/mm/yyyy): _____