



International Student Program  
Medical Form

Student's Legal Name: \_\_\_\_\_

1. Physical condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any of the following?

Diabetes \_\_\_\_\_ Hearing Problem \_\_\_\_\_ Heart condition \_\_\_\_\_

Asthma \_\_\_\_\_ Vision Problem \_\_\_\_\_ Contact Lenses \_\_\_\_\_

Epilepsy \_\_\_\_\_ Allergies \_\_\_\_\_ Other \_\_\_\_\_

Briefly explain above condition(s) if they are checked off.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is your child able to participate in a full Physical Education Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

(A doctor's certificate is required for exemption from Physical Education class.)

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Christ-centred education providing a solid foundation for life.