Drop-off or mail: KLO Road, Kelowna BC V1Y 4X8
Email:

MEDR Health Checklist to Take to Doctors Office

Patients name: _____

Doctor's name:_____

1. Do you have any allergies? Yes/No
If yes, what are you allergic to?

How do you react to allergic substances? _____

2. Recent surgery: Yes/No
If yes, please specify:

3. Do you have a history of:

Back problems? Yes No
Joint problems? Yes No
Repetitive strain injury? Yes No
Chronic Skin Condition? Yes No
Are you pregnant? Yes No

4. Do you have a disability that may prevent you from:

Standing for long periods of time? Yes No
Lifting 25-30 lbs? Yes No
Using fine and gross motor skills? Yes No
Seeing fine print? Yes No

If you answered yes to any questions in section 3 or 4, please explain:

Signature:

Date:

Freedom of Information and Protection of Privacy re: Personal Information

Okanagan College is a public body governed by the *Freedom of Information and Protection of Privacy Act* (FIPPA), which permits us to collect, use and share your

programs and activities. The information on this form is collected under the authority of the FIPPA and the *College and Institute Act* . The information will be used for the purposes of admission and registration. If admitted, your personal information is used and shared within our institution for a variety of purposes consistent with our mandate.