

FREEDOM OUTREACH TEEN CHALLENGE OF DENARE BEACH PRE-ENTRANCE MEDICAL EXAM

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Students Name: _____ **Date Of birth:** _____

Health Card reg. # _____ **ID #** _____

Form below line to be completed by a Doctor or Medical Staff

Does the above have any physical limitations that would hinder them from doing normal manual labor? If so explain: _____

Does the above currently suffer from any of the following?

Diabetes ☐ Allergies _____ Asthma ☐ Heart problems ☐ Back problems ☐

Currently on medication ☐ Handicaps (physical, mental, emotional) ☐

If YES to any of the above, explain: _____

Please fill out the following information and blood work:

Height _____ Weight _____ Blood Pressure _____

VDRL _____ Hep B _____ Hep C _____ HIV _____

Please fill out the following Urinalysis information:

Protein _____ Glucose _____ Nitrates _____ Blood _____

In my opinion, this person is stable enough physically, mentally, and emotionally to participate in a long-term residential program involving learning, taking of responsibilities, and discipline to help produce a self-disciplined life.

Physicians Name: _____ **Date** _____

Address: _____

City: _____

Phone: _____

Physician's signature _____