

**Faculty of Child, Family and Community Studies  
Therapeutic Recreation Program**



Mail to: **Therapeutic Recreation Program, Douglas College**  
**Attention: Rosemarie Bakker, Registrar's Office**  
PO Box 2503  
New Westminster, BC Canada V3L 5B2

**Informed Medical Suitability Declaration**

This document is intended to:

- Provide you with information regarding the physical and emotional requirements for educational preparation and/or employment in your chosen field.
- Help you decide whether you have the physical and emotional health necessary for completion of educational preparation and/or employment in your chosen field.
- Provide Douglas College with information about emotional and physical challenges you may face so we can determine how to best accommodate your needs. A physical or emotional challenge does not preclude you from acceptance.

When considering your ability to handle the physical and emotional demands of your chosen educational program and work in the field, students should consider realities such as the following:

- Classroom work frequently requires small group work, public speaking and classes that range from two to four hours in length. This requires that you are able to stay mentally focused and have the necessary physical stamina.
- Students are expected to be open, willing to give and receive feedback, critically evaluate their own performance and make themselves available for group work and study outside of scheduled hours.
- Classroom work involves dealing with interpersonal communication, resolving conflict and negotiating work amid diverse opinions and learning styles in mature and productive ways.
- Course content may involve sensitive topics such as physical or sexual abuse, family issues, and addictive patterns of behaviour.
- Fieldwork demands adherence to the highest standards of personal and professional conduct based on the field's code of ethics.
- Fieldwork requires sensitive and helpful responses to a wide range of problem situations and behaviours.
- Fieldwork may involve participation in physical recreation activities and client lifts and transfers.
- Both classroom and field work require tolerance for working in a professional manner with behaviours and attitudes that challenge personal beliefs and values.

**In signing this document I am acknowledging and accepting the following:**

1. Work and education in this field may place me in situations that are physically and/or emotionally stressful.
2. To obtain future employment in this field I will need to be able to demonstrate suitable physical and emotional health.
3. **Either a) or b) must be initialed before you sign this form**

\_\_\_\_\_ a) I am currently physically and emotionally capable of dealing with the  
**INITIALS** stress of the academic program and field placements.

**OR**

\_\_\_\_\_ b) If I have any physical, emotional issues or learning disabilities that  
**INITIALS** may need to be considered in my educational program, it is my responsibility to notify the program by completing the following:

I. I am dealing with the following medical or emotional needs or learning disabilities:

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II. This may impact my education in the following way(s):

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III. I am prepared to meet this challenge by:

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IV. I will need these supports:

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4. \_\_\_\_\_ I am aware **that if** I had an addiction issue, I am  
**INITIALS** alcohol and drug free for a **minimum of two years**  
**REQUIRED** prior to entry into the program.
5. It is my responsibility to maintain my physical and emotional well being throughout my educational program.
6. It is my responsibility to inform Douglas College if, for whatever reason, I am unable to meet the physical and emotional demands of the program during my program.
7. The information provided by me to Douglas College will be considered should issues or concerns arise related to my physical or emotional well being.

**This is a confidential document between yourself and Douglas College.  
No information on this document will be shared outside Douglas College without your consent.**

**PRINT NAME:** \_\_\_\_\_

Student #: \_\_\_\_\_

Program: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete and return this form to the Therapeutic Recreation Program,  
Faculty of Child, Family and Community Studies.

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