

Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

**Faculty of Health Sciences  
Health Care Support Worker (HCA/CMHW) Program  
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 health care.
- Help you decide whether you have the physical and emotional health necessary for completion of educational preparation and/or employment in the 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 rule out your acceptance. In fact, we have a history of successfully training students with a range of challenges. These challenges have included students who have a degree of hearing impairment, learning disabilities or mental health disorders.

When considering your ability to handle the physical and emotional demands of training and work in the health care sector, students should consider realities such as the following:

- Classroom work frequently requires small group work, public speaking and classes ranging 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.
- Clinical Practice demands adherence to the highest standards of personal and professional conduct based on the code of ethics.
- Clinical Practice requires sensitive and helpful responses to a wide range of problems, situations and behaviours.
- Clinical Practice involves participation in physical activities and client lifts and transfers. **Any musculoskeletal concerns such as back or joint abnormalities may impede the ability to work freely in confined spaces.**
- Clinical Practice requires tolerance towards behaviours and attitudes that challenge personal beliefs and values, while maintaining a professional manner.

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

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

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

OR

\_\_\_\_\_ b) If I have any physical or emotional issues that may need to be  
 initials considered in my training it is my responsibility to notify the program by completing the following:

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| I. I am dealing with the following medical or emotional needs:  |
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| II. This may impact my training in the following way(s):        |
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| III. I currently cope with this physical or emotional needs by: |
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4. It is my responsibility to maintain my physical and emotional well being throughout my training.
5. 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 training.
6. 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: \_\_\_\_\_