

Oulton College requires completion of this information package prior to commencing the program of any calendar year in order to ensure that health and safety measures for our students and staff are met.

Please complete and return to admissions before: August 2010.

1. Medical Examination and Immunization Form

This form is required from attending physician as proof that the student does not have any medical condition that would require precaution or consideration before entering a place of work.

2. Proof of Certification

CPR level C and Standard First Aid certifications are required before registration. They must be valid until the completion of the program.

3. Criminal Record Check

During the course of your program, you will be participating in activities at facilities that may require students to have a criminal record check with no convictions. Please have the attached form completed and returned to the college.

Upon completion of the attached information, please submit to Oulton College administration.



**Early Childhood Education/
Teacher's Assistant Program
Medical Form
2010-2011**

Name: _____

Address: _____
_____ (Province) _____ (Postal Code)

Telephone: () ____ - _____ (Home) : () ____ - _____ (Other)

I authorize Dr. _____ Telephone: () ____ - _____
Address: _____

_____ (Province) _____ (Postal Code)

to provide Oulton College and the Department of Health and Community
Services with the following information.

Date: _____ Signature: _____

The above-mentioned person is a student of the Early Childhood
Education/Teacher's Assistant Program at Oulton College, and will be entering
child care and school facilities. In your opinion, are there any medical reasons
that would prevent this person from working in such a facility? (aptitudes,
emotional or social stability)?

Is this individual receiving medical treatment? If so, specify.

How long have you known this person? _____

Date of last medical exam? _____

Date of Tuberculosis test? _____ Results: _____

Comments: _____

Date: _____ Physicians Signature: _____



**Early Childhood Education/
Teacher's assistant Program
CPR Level "C" and First Aid
Certification
2010-2011**

Student Name: _____

Please attach a photocopy of your CPR Level "C" and Standard First Aid certifications

***a letter from the company that provided your training is acceptable until certificates are issued**

1. Standard First Aid certification is valid until:

2. CPR Level "C" certification is valid until:
