

PROGRAM DESCRIPTION

Note to doctors

This certificate is one of the mandatory documents to apply to the Adventure Tourism program at the Cégep de la Gaspésie et des Îles. The training covers a large educational range. Students will be taught to guide at high performance levels in a variety of outdoor activities, including (but not exclusively) canoeing, kayaking, white-water swimming, sea kayaking, backpacking, and mountain skiing.

The program

The Adventure Tourism program includes physical activities that are very demanding both physically and psychologically over an intense period of three years. By the end of their program, students will have led groups between 6 and 20 people, in environments and situations that will be increasingly difficult. Therefore, students must be in full control of their psychological faculties. Please keep the above-mentioned information in mind while performing the medical evaluation and making your comments.

SECTION 1: Doctor's Information

First Name _____
Last Name _____
Permit no. _____
Address _____
City/State/Zip _____
Phone _____ Alt Phone _____
Email _____

SECTION 2: Patient Information

First Name _____
Last Name _____
Cell Phone _____ Work Phone _____
Email _____



SECTION 3: Physical health condition

3.1 The applicant has already suffered from:

Tick all that apply

- Musculoskeletal injuries (fractures, sprains, dislocations, overuse, repetitive movements, etc.)
- Hernia
- Heart problems
- Kidney problems
- Other ailments
- Surgical history
- Other: _____

Please explain if you have checked any of these conditions:

3.2 The applicant suffers from:

Tick all that apply

- Asthma
- Loss of consciousness
- Hay fever
- Diabetes
- Ear infections
- Convulsion
- Allergies
- Arthritis
- Other: _____



Medical examination certificate for students

Please explain if you have checked any of these conditions:

SECTION 4: Mental health condition

4.1 Please check any condition the candidate has suffered from:

Tick all that apply

- Has the applicant been treated for mental health problems within the past two years? (depression, anxiety, eating disorders, etc.)
- If so, is the applicant considered stable and healed?
- Does the applicant appear to manage stress well?
- Does the applicant have a history of alcohol or drug abuse?
- Has the applicant had any problems with substance use disorder?
- Does the applicant have any physical or psychological limitations?

Please explain if you have checked any of these conditions:

SECTION 5: Vaccination and medication

5.1 Mandatory vaccination

Please indicate the date of the most recent vaccination for the Diphtheria-Tetanus

5.2 Current medication(s) and dosage

5.3 Has the applicant ever had a reaction to medication(s)?

If so, which medication(s)? _____

SECTION 6: Physical exam

❖ Height: _____

❖ Weight: _____

❖ Blood pressure: _____

❖ Pulse: _____

General condition

Tick if the condition is "abnormal"

- ORL
- Neck
- Heart
- Lungs
- Abdomen
- Limbs / Lumbar spine
- Neurology
- Other _____

If any of the preceding conditions has been checked as "abnormal", please explain why

SECTION 7: Conclusion and authorization

How would you describe the participant's general physical condition?

Taking into consideration the demands of the program I believe that the applicant is FIT or UNFIT to take part in this training program:

- Fit
- Unfit

How long has the doctor known the candidate? _____

Doctor's signature : _____ Date : _____



Medical examination certificate for students

STUDENT AUTHORISATION; MUST BE SIGNED IN THE PRESENCE OF
THE DOCTOR

I authorize the doctor to submit all pertinent medical information to the Cégep de la Gaspésie et les Îles. Once this document has been sent to the Cégep de la Gaspésie et des Îles, I authorize the persons with the right to consult the document to transmit any pertinent medical information to a health professional should I have an accident or succumb to a health problem.

I understand that two copies of this document will be kept at the Collège de la Gaspésie et des Îles; one in my student file and the other in an Adventure Tourism Technology teacher's folder.

- I authorize the doctor to submit all pertinent medical information to the Cégep
- I do not authorize my doctor to submit all pertinent medical information to the Cégep

Student signature: _____ Date: _____