



## **Instructions for completing KLC Medical Certificate of Fitness:**

### a) If Student Has a Family Doctor:

The physician should be able to **verify** and record the student's TB testing results, noting that immunization is up to date and, if required, Hepatitis B shots noted after the 2nd injection. The physician must also be able to verify that they can abide by the basic requirements (physical demands) associated to their specific placement or, if any restriction may apply note that might impede their placement commitment.

*Note:* The 3-step Hepatitis B vaccination is not a requirement for all programs. Please call Kingston Learning Centre 1-888-732-0326 for clarification.

### b) If Student Does **Not** Have a Family Doctor:

The student may elect to have their TB testing and any other required injections completed through their local health unit which must be reviewed by a physician and documented on our medical certificate of fitness. In addition, the physician may require them to have a physical prior to verifying that they can abide by the basic requirements associated to their specific placement or, if any restrictions apply, note that this might impede their placement commitment.



# MEDICAL CERTIFICATE OF FITNESS

INSTRUCTIONS FOR COMPLETING THE MEDICAL CERTIFICATE OF FITNESS ARE ATTACHED

Dear Physician:

The individual identified below has registered to attend the health related course indicated at the Kingston Learning Centre. Because of physical demands of this training and profession, it is necessary to determine the appropriateness of the individual to the course.

- |                                      |                                  |                              |
|--------------------------------------|----------------------------------|------------------------------|
| _____ <b>Personal Support Worker</b> | _____ <b>Pharmacy Technician</b> | _____ <b>PT/OT Assistant</b> |
| - heavy lifting and bending          | - prolonged periods of standing  | - heavy lifting and bending  |
| - shift work                         | - high reaching                  | - extended periods standing  |
| - extended periods of time on feet   | - some degree of lifting         |                              |
- \_\_\_\_\_ **Dental Assistant**
- extended periods of sitting with no back support
  - some degree of lifting
  - extended periods of arms extended

Does this individual have any limitations which could interfere with any of the above indicated physical demands required?

YES  NO

Please explain (if Yes) \_\_\_\_\_  
\_\_\_\_\_

*The following verification must be completed, with results recorded, if checked off: (placement location policy dictates these requirements)*

\_\_\_\_\_ **1.) TWO-STEP Mantoux Test**

Date of T.B. Step One \_\_\_\_\_ Result \_\_\_\_\_

Date of T.B. Step Two \_\_\_\_\_ Result \_\_\_\_\_

\_\_\_\_\_ **2.) VERIFICATION FOR IMMUNITY TO CHICKEN POX, MEASLES AND RUBELLA**

Date \_\_\_\_\_ Positive  Negative

\_\_\_\_\_ **3.) THREE-STEP HEPATITIS B VACCINATION**

Date of Step One: \_\_\_\_\_ Date of Step Two \_\_\_\_\_

*(Date of Step Three not required by KLC)*

***Please note: If testing is done through the Health Unit, results must be forwarded to your family physician for completion of this form..***

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

PHYSICIAN'S NAME (PRINTED): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE FORM COMPLETED: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
Day Month Year

**KINGSTON LEARNING CENTRE DOES NOT ASSUME RESPONSIBILITY FOR ANY CHARGES OR FEES INCURRED FOR COMPLETION OF THIS FORM OR ANY RELATED TESTING.**

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