



Educating Since 1987

**CORONA COLLEGE
HOME SUPPORT WORKER
MEDICAL REPORT**

NAME OF APPLICANT: _____
ADDRESS: _____
NAME OF COLLEGE: Corona College
LOCATION: 60 Hardy Avenue; Grand Falls-Windsor, NL

CONSENT FOR RELEASE OF INFORMATION

I, the applicant, do hereby request and authorize a physician to provide the following information regarding my physical and mental fitness and medical history to the Department of Health and Social Services, and/or the Licensee of the above-named college.

Date: _____ Signature: _____

Attention Physician:

The above-named requires a medical under the day Care and homemakers Services Act, R.S., 1990.c.D-2.

This medical is required to establish the mental fitness of the applicant to perform and undertake the duties and responsibilities associated with providing Home Support services.

Please supply the information requested below on the basis of your records, medical history and physical examination.

1. Does this person have a history of any infection, disease or condition likely to be a hazard to others? YES NO

If "Yes", is active treatment still being given for this condition? YES NO

Comments: _____



P.O.Box 819 60 Hardy Avenue Grand Falls-Windsor, NL A2A2P7
Tel: (709) 489-7825 Toll Free: 1-888-926-7662 Fax: (709) 489-5001
Email: admin@coronacollege.com www.coronacollege.com

2. What was the last date of immunization for the following:

Diphtheria, Tetanus, Polio, Pertussis*: _____

Rubella*: _____

Measles*: _____

*or serological evidence of immunity. _____

3. A recent (within the last 6 months) 5PTU PPK Skin Test is necessary to determine status. Please refer to your copy of the Pre-Employment Tuberculin Skin Test Form for current results and record them below:

Date of Test: _____ Result _____ mm

Chest X-Ray Results: _____

Date(s) of previous BCG: _____

4. Are there any current physical or mental health problems which would make it difficult for this person to perform duties required by a Home Support Worker?

YES NO

If "Yes", please comment: _____

Date: _____ Applicant's Name: _____

Physician's Signature: _____

Address: _____

Note to Applicant:

When completed, drop these forms off at the college or please forward in an envelope marked "CONFIDENTIAL" to:

ATTENTION: Director of Admissions
Corona College
60 Hardy Avenue
P.O. Box 819
Grand Falls-Windsor, NL
A2A 2P7

CORONA COLLEGE

Home Support Worker

PRE-EMPLOYMENT TUBERCULIN SKIN TEST AND IMMUNIZATION RECORD

NOTE: (This form is to be completed by the Public Health Nurse and must be FULLY completed and up-to-date prior to acceptance into the classroom)

Please make an appointment with the local Public Health Nurse for a Tuberculin Skin Test. Bring the result of your skin test and completed up-to-date immunization record to your family physician to be included with your medical report.

Name: _____ Maiden Name: _____
Date of Birth (Y/M/D): _____ Parents' Names: _____
Address: _____ Telephone: _____

| | | | |
|-----------------------|------------|------------|--------------|
| Previous Skin Test(s) | Test _____ | Date _____ | Result _____ |
| | Test _____ | Date _____ | Result _____ |
| | Test _____ | Date _____ | Result _____ |

Date(s) of Previous BCG _____

The above-named person has had a 5TU PPK Skin Test today, _____, and the result is _____ mm (date)

INTERPRETATION: This reading is negative _____
This reading is positive _____

RECOMMENDATION:

- _____ (A) If negative and no record of BCG, no further action is required.
_____ (B) If negative and there is a record of BCG, a repeat 5TU PPD will be done to determine booster effect.
Appointment time: _____
_____ (C) If positive and there is a record of BCG, a chest x-ray should be done at this time.
_____ (D) If positive and there is no record of BCG, immediate chest x-ray and medical assessment is necessary.

NOTE: Public health will follow all persons with positive results.
Applicant: See reverse for instructions.

INSTRUCTIONS:

1. Employee/Applicant must have the Tuberculin Test completed before going to a doctor and have the Pre-employment Medical form and an up-to-date immunization record completed. This is necessary because the doctor needs the Tuberculin Skin Test and immunization results in order to complete the Medical Form.
2. This form must be completed in triplicate: The original goes to the Doctor, one copy is retained by Public Health\Unit, and one copy is retained by the applicant.