

ROBERT LAND ACADEMY - MEDICAL FORM

FOR COMPLETION BY FAMILY PHYSICIAN

Parents, please read the following instructions and provide all pages of this form to your family physician for completion. It is the parent's responsibility to provide this completed form to the Academy prior to entering the programme.

It is important that you are aware that Robert Land Academy's programme has a strenuous physical exercise component. This includes, but is not limited to:

- running
- marching
- obstacle courses
- weight lifting
- extended hiking with pack
- competitive varsity sports
- monthly physical performance objectives involving timed, age-appropriate, running, rope climbing, push-ups, pull-ups, sit-ups, etc.

Please ensure that when completing the medical forms that this information is considered and that any concerns about the applicant's ability to partake in the programme fully is noted where appropriate.

ACADEMY POLICY REGARDING PRESCRIPTION MEDICATION

Prior to a student coming to Robert Land Academy, if he is on any medication, we require a letter from the original prescribing Physician stating:

- a. why he is on the medication
- b. how long he has been on the medication
- c. the prescribed dosage

Also, we must have the prescription paper from the original prescribing Physician for our Pharmacy to fill, including one week of medication(s). Our Physician will continue with repeats or make changes as needed. The family will be notified of any changes. If you are from outside of Ontario, our Physician will validate the prescription providing the information requested above is available.

PLEASE NOTE: We **DO NOT** administer homeopathic medications which have not been prescribed by a medical Physician. "Over-the-counter products" are not permitted and will be returned as contraband upon admission to Robert Land Academy. Robert Land Academy has medical directives in place that allow our staff to administer over-the-counter products such as pain or allergy relief if necessary. Your co-operation is appreciated.

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This information may be shared with Medical/Dental/Pharmacy Personnel in the treatment of the following patient / student.

IMPORTANT: The applicant's admission to the Academy is contingent upon him being medically competent to participate in the full programme. This form must be completed prior to entering the programme at Robert Land Academy. Immunization must be up to date. Government Legislation authorizes the Medical Officers of Health to order the suspension from school of any pupil who does not have adequate evidence of immunity.

Patient / Student Name: _____ DOB (D/M/Y): _____
Last First

Physician's Name (Please print) _____

Address: _____

Phone #: _____

PERSONAL HISTORY - Please specify where necessary

Has the above named patient / student ever had signs, symptoms or been diagnosed with:

Condition	Yes	No
Psychological or Social Disorders: ADD / ADHD / ODD / OCD, Autism Spectrum Disorder, nervous breakdown, anxiety, depression, self-harm, eating disorders, substance abuse, or related disorders / ailments		
Respiratory System: history of breathing problems, wheezing, pneumonia, asthma, have fever, bronchitis, chronic cough, breathing difficulties during physical exertion, etc.		
Head, Nose, Throat, Ears & Eyes: history of impaired vision, nosebleeds, nasal fracture, sinus infections, sore throats, herpes infections, use of dental braces, retainers, eye glasses, sensitivity to noise, etc.		
Cardiovascular System: heart disease, history of heart murmur, hypertension, valve problems, rhythmic disturbances, leg pain when walking, high blood pressure, etc.		
Gastrointestinal System: indigestion, ulcers, frequent nausea and vomiting, colitis, bowel problems, hemorrhoids, etc.		
Urinary System: history of bladder, kidney, urinary tract infections, bed wetting, etc.		
Nervous System: history of Epilepsy, fits, spells, convulsions, seizures, fainting, dizziness, balance, coordination, motor problems, etc.		
Musculoskeletal System: history of fractures, muscle cramping, limitations on walking, running or participating in sport or extended physical activity, joint swelling or stiffness, Osgood-Schlatter's, spinal deformity, chronic back pain, any sports injury, back injury, painful feet, etc.		
Head and Neck: history of headaches, migraines, concussion or unconsciousness from head injury, dizziness, etc.		
Immune & Blood System: history of anemia, abnormal bleeding or bruising, easily fatigued, allergies, blood diseases, etc.		
Endocrine System: history of thyroid abnormalities, diabetes, liver disorder, heat or cold intolerance, sleep disorder, etc.		
Skin Disease: psoriasis, skin reactions, skin growths, nail splitting, etc.		
Has the student had chicken pox, hepatitis, measles, mumps, rubella, rheumatic fever or other diseases?		
Other Conditions? Specify below.		

If you answer "yes" to any of the above, please elaborate. _____

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Patient / Student Name: _____
Last First

Robert Land Academy's programme involves a rigorous physical exercise component. This includes but is not limited to running, marching, extended hiking with a pack, competitive varsity sports and monthly physical timed performance evaluations (running, push-ups, sit-ups, etc.). Are there any existing conditions that would preclude this student from full involvement in all physical activities?

Yes No

If "yes", please identify the condition and the advised restrictions.

Are there any other physical or mental health conditions that may have an effect on the health / safety of this student or other Academy members?

Yes No

If "yes", please elaborate. _____

Vaccinations required for students studying in Ontario, Canada:

- Given at ages 2 months, 4 months, and 6 months – Tdap-IPV (Tetanus, Diphtheria, Pertussis and Polio)
- 2 doses of MMR (Measles, Mumps, Rubella) - both must be administered after 1 year of age
- 1 dose of Polio required over 4 years of age
- 1 dose of Meningococcal A,C,Y,W-135 (Menactra or Menveo) after 5 years of age
- Tetanus, Diphtheria, Pertussis vaccine (Tdap) due between 14-16 years of age

Are the student's immunizations up to date according to the above schedule: Yes No

Physician's Stamp

Physician's Signature Date

Robert Land Academy
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