



Dear Physician:

Your client has applied for admission into a health care program at Northern Lights College. Your assessment of the applicant's ability to meet the physical and mental requirements for this training is appreciated.

Applicant's Name: _____

- This individual has no physical injuries (that I am aware of) that would interfere with the demands of the Health Care Assistant or Practical Nursing Programs. Please note that heavy lifting will be required.
- This individual is mentally and emotionally fit/able to deal with ongoing stressful situations they may encounter on a daily basis.
- This individual is free from communicable diseases.

Comments:

Physician's Stamp:

Date: _____

** This medical form is a requirement for learners wishing to enter the Health Care Assistant and/or Practical Nursing Programs.

Notes to Applicant:

- This form must be completed no more than nine (9) months prior to program start date.
- Please submit completed form to: Megan Bedell, Dawson Creek Admissions Officer in person or email mbedell@nlc.bc.ca