



REPORT TO BE COMPLETED NO MORE THAN 30 DAYS PRIOR TO START OF CLASSES

PERSONAL SUPPORT WORK PROGRAM – PRE-ADMISSION MEDICAL REPORT

Name: _____ Date of Birth: _____

Start date of the Program: _____ Telephone: (____) _____ MM/DD/YY

Date of Last Medical Check Up: _____

Tests Required Before Starting the Personal Support Worker Program

Test	Results	Date
TB Skin Test (Two Step Mantoux)		
- 1 st Test (Positive result = >5mm)		
- 2 nd Test (Positive result = >5mm)		
Note: If the TB Skin Test is positive, it must be followed up with an x-ray. If the x-ray is positive for TB the individual will not be admitted into the PSW program.		
Chest X-Ray (if Mantoux positive)		
Rubella Titre (if not immunized within last 10 years) If no immunity, vaccination required		
- 1 st dose		
Measles Titre (if not immunized within last 10 years) If no immunity, vaccination required		
- 1 st dose		
Mumps Titre (if not immunized within last 10 years) If no immunity, 2 vaccinations needed 4 weeks apart		
- 1 st dose		
- 2 nd dose		
Hepatitis A Antigen (if not immunized within last 10 years) If no immunity, 2 vaccinations required at least 6 months apart		
Hepatitis A Antibody (if antigen is positive)		
- 1 st dose		
- 2 nd dose		
Hepatitis B Antigen (if not immunized within last 10 years) If no immunity, 3 vaccinations required over 6 months		
Hepatitis B Antibody (if antigen is positive)		
- 1 st dose		
- 2 nd dose		
- 3 rd dose		
Chicken Pox Titre (varicella) If no immunity, 2 vaccinations are required 6 weeks apart		
- 1 st dose		
- 2 nd dose		
Diphtheria Vaccine Required Within the Last 10 Years		
Tetanus Vaccine Required Within the Last 10 Years		
Polio Vaccine Required Within the Last 10 Years		
Seasonal Flu Shot Required (not available March-September)		

Reviewed by: _____
(PCC Regulated Health Professional-Please print)

Signature: _____

____/____/____
mm dd yy

Personal Support Worker Program Pre-Admission Form
Check List of Essential Physical Abilities

Physical Demand	Sample Duties	Demonstrated	
		Yes	No
Lifting (up to 25 kg)	Laundry, groceries, use of equipment (lifts, vacuum)		
Carrying and shifting weight (up to 25 kg)	Client transfers and positioning, assisting with personal care, groceries, laundry		
Push/Pull (up to 25kg)			
Handling, gripping, feeling			
<i>Mobility:</i> Limbs/back Bending Crouching Kneeling Balancing Sitting Standing (possibly for long periods) Climbing stairs (leg and knee flexibility) Pushing and pulling Reaching Hand/arm and shoulder dexterity	Housekeeping duties Client transfers and repositioning Assisting with personal care		
Hearing	Assisting with personal care Client safety Conversations and other sounds		
Speaking	Able to understand voice		
<i>Vision:</i> Colour Depth Spatial	Client safety Medication Meal preparation		
Reading			
Walking			

Physician Completing the Report

I have verified that the applicant for admission into the Personal Support Worker program is physically able to complete the above duties, and has up-to-date immunization. (Physician stamp required)

 (Name: Please Print) (Telephone Number)

 (Address)

 (Signature) M.D. _____
 (Date)