



Centre for Student Success  
NSCC-Truro Campus  
36 Arthur Street  
Truro, Nova Scotia B2N 1X5  
(902) 893-5346  
Fax (902) 893-6601

## Medical Opinion Form

**Name of Student:** \_\_\_\_\_ **Program:** \_\_\_\_\_  
(To be completed by student)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

The above named student has been accepted into one of the following programs at the Nova Scotia Community College, Truro Campus: Correctional Services and Law and Security. A completed Medical Opinion form is a pre-enrollment requirement.

Corrections and Law and Security students must be able to participate in strenuous physical activity as reflected in two course offerings: Fitness for Life and Defence Tactics. Instructors challenge students to improve their overall fitness levels through weight training, aerobics, use of stationary bikes, stairmasters, etc. As well, the defence tactics component of the program has as its objective, competency in a range of self-defence maneuvers. It should be noted that instructional staff have the capacity to individualize programs to meet course objectives for students who have specific conditions or mobility impairments

**Doctor:** please evaluate your patient carefully for the medical conditions below as they may limit a student's ability to participate actively in the Program.

1. Cardiovascular Problems:                      Comments:  
    Yes \_\_\_ No \_\_\_ a. Angina                      \_\_\_\_\_  
    Yes \_\_\_ No \_\_\_ b. Infarct                      \_\_\_\_\_  
    Yes \_\_\_ No \_\_\_ c. Arrhythmia                \_\_\_\_\_
  
- 2, Hypertension:  
    Yes \_\_\_ No \_\_\_  
    Blood Pressure reading at time of examination: \_\_\_\_\_
  
3. Respiratory Problems:                      Comments:  
    Yes \_\_\_ No \_\_\_ a. Asthma                      \_\_\_\_\_

Yes \_\_\_ No \_\_\_  
Yes \_\_\_ No \_\_\_

b. Emphysema  
c. Other; please specify \_\_\_\_\_

4. Skeletal:  
Yes \_\_\_ No \_\_\_

a. Severe back, knee, or shoulder problems, which could restrict this person from responding to critical/emergent situations. Please specify.

\_\_\_\_\_

5. Addictions:

Yes \_\_\_ No \_\_\_ Note: Addictions to drugs and or alcohol may affect this person's ability to perform essential and critical/emergency duties or to be alert and attentive to their duties at all times during their shifts.

6. Pregnancy:

Yes \_\_\_ No \_\_\_ If "Yes", approximate due date:

\_\_\_\_\_

**Given the above, would you consider this student medically able to participate in the activities as described above?**

Yes \_\_\_ No \_\_\_

If "no", please describe the medical restrictions that prevent this person from participating in the Program:

\_\_\_\_\_

\_\_\_\_\_

Please do not hesitate to contact Centre for Student Success, Truro Campus at (902) 893-5346. if you have any questions.

**Thank you for your co-operation.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Medical Doctor)

**Physician's Name:** \_\_\_\_\_

(please print or use stamp)

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_