



Sign-Up Sheet For
PRE-HOSPITAL EMERGENCY CARE
Admission Physical Testing

FRIDAY, February 13th, 2015
17h00-21h00

Please complete and mail this form, with a non-refundable money order or cheque for \$ 75.00 made payable to John Abbott College Pre-Hospital Program no later than:

FRIDAY, February 7th, 2015, by mail to:

Pre-Hospital Emergency Care
PHYSICAL TESTING
John Abbott College
21,275 Lakeshore Road, Ste-Anne-de-Bellevue, Quebec, H9X 3L9

* Attach a recent passport **photo**, date stamped (NOT a photocopy of your passport!)

* Attach two (2) photocopies of your driver's license

* Attach two (2) photocopies of your Medicare card

These must be placed on the same page, and copied twice (on 2 sheets). The copies MUST be legible.

If you are under 18, your parents or guardian **MUST** fill out the Waiver form and include it with this sign-up information.

We will confirm your testing registration by email. SO BE LEGIBLE.

Name: _____

Address: _____

City/Town: _____ Postal code: _____

E-mail address: _____

Home Phone Number: Area Code: _____ Number: _____

Cell Phone Number: Area Code: _____ Number: _____

Date of Birth: Year: _____ Month: _____ Day: _____

If you have a pre-existing medical condition (ex. asthma) which may be problematic given the strenuous nature of the physical tests, you must provide us with a doctor's note, on the day of testing, which authorizes you to complete the physical testing.

SIGNATURE: _____ **Date:** _____