



Saskatchewan Police College

MEDICAL FORM

Agency

Application information

Full name

Last *First* *M.I.*

D.O.B.

YY/MM/DD

Address

Street address *Apt/Unit #*

Phone

Gender

City *State* *Zip Code*

(Preferred Pronoun)

SK Health Card #

Blood Type

Dominant Hand

R L

Current Rx

Allergies (including food)

Immunizations (including last **Tetanus Shot)**

Existing Injuries

Please list any existing injuries that may or may not have been diagnosed by a medical professional. If you are currently being treated, please provide documentation regarding such treatment. Please include minor injuries such as strains, sprains, or persistent conditions. If you have yet to seek a medical assessment for your injury, please do so prior to attending College and bring documentation clearing you for the physical demands of training.

Past Injuries or Surgeries