



PHYSICIAN'S MEDICAL REPORT

Protected when completed.

Family name of the delegate	Given names of the delegate
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Dear Doctor:

Your patient has been selected to be part of a Government of Canada (GoC) overseas event.

The schedule of events is usually quite demanding for which delegates must meet certain requirements in physical capacity. Furthermore, air travel generally induces a certain degree of arterial oxygen desaturation which may have adverse consequences in patients with pulmonary, cardiac, cerebrovascular disease or those with anemia.

Would you be so kind as to assess his/her medical condition with respect to participating in this event. Your evaluation will help us to better understand his/her needs and enable us to provide the appropriate care. It is important to assess every element of this evaluation. **Please note that any medical condition must be stable for at least three months prior to departure.**

GoC Delegation Medical Officer

Date (yyyy-mm-dd)

Delegate's Authorization

I authorise the release of medical information pertaining to me to Veterans Affairs Canada to be used to assess my physical and mental capabilities to attend a GoC overseas event.

Delegate Signature

Date (yyyy-mm-dd)

I hereby certify that I have examined _____
age _____.

In my opinion, this person is:

- ☐ Physically and mentally fit to be able to participate in this event which involves long travel days and considerable walking.
- ☐ Unfit to participate in the event.

The information you provide on this form is collected under the authority of the *Privy Council Order 1965-688* for the purpose of assessing the physical and mental capabilities of a delegate wishing to attend an overseas event. Provision of the information is voluntary.

The personal information on this form is protected under the *Privacy Act*. The recorded opinion about an individual is considered personal information about and belonging to that individual. The *Privacy Act* provides individuals with a right to access their personal information which is under the control of the Department. The *Privacy Act* also affords individuals the right to challenge the accuracy and completeness of their personal information and have it amended as appropriate.

For information on how Veterans Affairs Canada protects your personal information, please contact the Access to Information and Privacy Coordinator's Office, Veterans Affairs Canada, PO Box 7700, Charlottetown, PE, C1A 8M9.

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PLEASE PRINT

Examining physician's name:	
Address:	
Phone No.:	Facsimile No.:
Signature of examining physician:	Date (yyyy-mm-dd)

Does the delegate have allergies?

- ☐ Yes, please specify _____
- ☐ No

Medical Condition	Stable for 3 months?		Medication	
	Yes	No	Name	Dose
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

- Please send a copy of the pertinent test results (e.g., ECG, X-rays, etc.).
- If the patient is taking warfarin please send the INR (done a maximum of 4 weeks prior to the trip).
- If the patient has lung disease, please indicate arterial oxygen saturation (oximetry).
- If the patient has anemia or polycythemia, please indicate latest hemoglobin level.
- If the patient has past history of venous thromboembolic event or pneumothorax, please indicate it in the above section.

Note - If there are any changes in the medical condition, the GoC delegation medical officer must be advised.

Functional Status:

- Walking (200 meters): ☐ Independent ☐ Cane ☐ Walker ☐ Wheelchair
- Dressing: ☐ Independent ☐ Assistance
- Sight: ☐ Adequate ☐ Mildly impaired ☐ Severely impaired
- Hearing: ☐ Adequate ☐ Mildly impaired ☐ Severely impaired ☐ Hearing Aid

Cognitive Function:

- Memory: ☐ Adequate ☐ Mildly impaired ☐ Severely impaired
- Judgement: ☐ Adequate ☐ Mildly impaired ☐ Severely impaired
- Behaviour: ☐ Adequate ☐ Mildly impaired ☐ Severely impaired