Please return to the Office of the Registrar Drop-off or mail: S109-1000 KLO Road, Kelowna BC V1Y 4X8 Email: admissions@okanagan.bc.ca



Patients name:	Student ID:
Please discuss the following with your patie vorking (which can be hot and cause swea	ent. MDR Technicians are exposed to various chemicals and substances, wear protective gear while they ar ating), are required to stand for long periods of time, lift up to 25 lbs repeatedly, do small repetitive motions iills, and be able to see fine print and colour changes.
. Do you have any allergies? Yes/N yes, what are you allergic to?	0
low do you react to allergic substar	nces?
2. Recent surgery: Yes/No f yes, please specify:	
. Do you have a history of:	
	Back problems? Yes No
	Joint problems? Yes No Repetitive strain injury? Yes No
	Chronic Skin Condition? Yes No
	Are you pregnant? Yes No
. Do you have a disability that may	prevent you from:
	Standing for long periods of time? Yes No
	Lifting 25-30 lbs? Yes No Using fine and gross motor skills? Yes No
	Seeing fine print? Yes No
f	a in eaction 2 on 4 places explains
f you answered yes to any question	s in section 3 or 4, please explain:
	rements listed on this form with my patient and certify that this person does not have eria, is in good physical condition, and fully able to do the job of a Medical Device
	eria is in dood physical condition, and tully able to do the job of a Medical Device
any issues with the above crit	Reprocessing Technician.
Signature:	Reprocessing Technician.
	Reprocessing Technician.
Signature:	Reprocessing Technician.
Signature:	Reprocessing Technician.
Signature:	Reprocessing Technician.
Signature: Date:	Reprocessing Technician.
Signature: Date:	Reprocessing Technician.

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