



Evolve College of Massage Therapy

2-691 Wolseley Avenue, Winnipeg, Manitoba R3G 1C3 Phone: (204) 772-8999. Fax: (204) 772-5090

This form is a required part of the Admissions procedure, and must be completed in full by the prospective student and primary health care provider. The form must be submitted prior to your start date. The information on this form will enable us to provide a safe environment for all students. All of the following information will remain confidential and is strictly for the protection of the student.

TO BE COMPLETED BY THE APPLICANT:

Name: _____

D.O.B.: (D/M/Y) _____

Person to contact (name and phone number) in case of an emergency:

TO BE COMPLETED BY THE PRIMARY HEALTH CARE PROVIDER:

General Health: _____

Medications: _____

Arthritis, rheumatism, or other disease of the bones:

Allergic reactions to food, environment or drugs:

Does this applicant suffer from any neck or back pain or joint conditions that may affect a career in Massage Therapy:

Any additional comments: _____

Signature

Date
