



#700, 9260 – 140th Street Surrey, BC V3V 5Z4
Phone: 604-583-4040 Fax: 604-583-5600

Pre-Training Examination Physician's Report

Name: _____ Age: _____

This examination report is being requested in connection with an application for enrolment in Surrey College. When the student is qualified through training, the required duties will include direct work with adults, children or animals. Good physical and emotional stability is necessary.

Name of SC Program: _____

Results of Examination:

Do you consider this person physically and emotionally able to perform the duties as outlined above?

Signature of Physician

Date of examination