

Health Self-Assessment Declaration Form

Name: _____ Date: _____

Year applying for: Sept 20 _____ Jan 20 _____

The nature of the course work and school setting requires good health and emotional stability. This information will be kept confidential.

Physical Demands	Notes	Ability to do so	
Sitting for long periods	3-8 hours/day	Yes	No
Standing for long periods	3-6 hours/day	Yes	No
Lifting and Carrying (massage table)	Up to 35lbs	Yes	No
Flexibility, full body visual assessment/palpation of patient	Bending, squatting, kneeling, lunging, demonstrating stretches, pushing & pulling during treatments	Yes	No
Ability to lie down for up to 60 minutes	Prone, lateral, or supine positions	Yes	No
Frequent climbing of stairs	Our college is on the second floor	Yes	No
Visual and auditory attention	Will vary based upon instruction needs and style	Yes	No

Practical participation (hands-on)

As a student in the massage therapy program, you will give and receive massages. You will learn palpation, assessment, and treatment techniques, experiencing both being palpated on, and receiving treatment from another student and/or instructor. Palpation may involve sensitive areas ensuring you understand how to navigate such situations with professionalism and care.

Do you feel you can fully participate as both the student therapist and practice body?

Yes No

Comments: _____

How would you evaluate your overall physical health level?

Excellent Very good Good Fair Poor

Emotional Demands	Notes	Ability to do so	
Ability to study and focus on intense material	Several hours at a time	Yes	No
Regular quizzes and high-pressure exams	Written and oral-practical exams	Yes	No
Ability to receive feedback and constructive criticism		Yes	No
Rigorous class schedule, mandatory attendance	Full-time, Mon-Fri and daily self-study of 2-3 hours per day	Yes	No
High Performance Environment	Passing grade is 70%	Yes	No
Time pressure and deadlines		Yes	No
Memorizing, Critical thinking, Reasoning, Analyzing, Self-Regulation	Other skills	Yes	No

Is there anything you would like to confidentially discuss with our Executive Director, during your interview?
 (If clicking yes, only add comments below if you are comfortable).

Yes No

Limited Accommodations available:

Requests for accommodations must be made prior to admissions to the program.

Accommodation for applicants with visual, hearing, or other physical disabilities must be accompanied by a medical report from an appropriate licensed medical practitioner. **Accommodations for applicants with learning disabilities** must be accompanied by a Psycho-Educational Assessment conducted by a registered Psychologist within the last 5 years.

By signing below, I agree that I have completed the health self-declaration form, to the best of my knowledge.

Signature

Date

If completed electronically, please tick this box to confirm your typed name as your signature, indicating that the information on this application form, along with the required documentation, is true and accurate to the best of your knowledge.