SKILL DEVELOPMENT WEEKEND **REGISTRATION & MEDICAL FORMS**

FRIDAY, MAY 27TH TO SUNDAY, MAY 29TH 2011 AT LOON LAKE Deadline for Applications: Monday, April 18th 2011	PLEASE RETURN COMPLETED FORMS BY MAIL OR FAX TO: Melissa #614 – 1033 DAVIE ST VANCOUVER BC, V6E 1M7 Fax: 604-684-3126

NAME	TELEPHONE	BIRTHDATE
ADDRESS	CITY	POSTAL CODE

May we send mail to this address?---------- o Yes o No

May we leave a message at this number? ---------- o Yes o No

May we state the name of the organization (PWN)?---------- o Yes o No

Have you ever attended a PWN retreat? ---------- o Yes o No

If yes, when did you LAST attend a PWN retreat? ---------- _____ Month, year

Do you have transportation to Vancouver (PWN)?---------- o Yes o No

Do you have transportation directly to Loon Lake?---------- o Yes o No

Do you have a car you could use to carpool with other members from your area? (Your costs would be reimbursed)---------- o Yes o No

Will you need a childcare subsidy?
If so, please read the enclosed child-care policy ---------- o Yes o No

Is there a specific person you would like to share a room? _____ Name

Name(s) and age(s) of child(ren) and who they live with:

NAME	AGE	WHO THEY LIVE WITH

PLEASE TURN OVER

Are you a vegetarian? ---------- o Yes o No

Are you a vegan? ---------- o Yes o No

Do you eat pork? ---------- o Yes o No

Do you eat beef? ---------- o Yes o No

Do you eat chicken? ---------- o Yes o No

Do you eat fish?---------- o Yes o No

Do you eat seafood/shellfish? ---------- o Yes o No

Do you eat dairy?---------- o Yes o No

Do you eat eggs?---------- o Yes o No

Do you have food allergies? Please describe_____
_____
_____
_____
_____

Do you require nutritional supplements such as Advera or Ensure (please specify)? If you request a nutritional supplement for the skill development weekend, please see the nurse when you arrive at the Loon Lake site.
_____
_____
_____

Anything else you would like us to know?
_____
_____
_____
_____

We will do our best to accommodate these needs, but we cannot make any promises!

The Positive Women's Network respects your privacy, and is committed to protecting your personal information. PWN has policies and procedures that conform to the requirements of the BC Personal Information Protection Act (PIPA). The information you provide to PWN on this form will be maintained as a secure, confidential record. PWN maintains appropriate safeguards regarding the privacy of members, volunteers, supporters, and staff. Please contact us if you wish to see our complete PWN Privacy Policy.

SKILL DEVELOPMENT WEEKEND **REGISTRATION & MEDICAL FORMS**

INSTRUCTIONS:

Please complete BOTH PAGES of this medical form and either mail or fax this form (in addition to your registration forms) to #614-1033 Davie St., Vancouver, BC, V6E 1M7 or fax: 604-684-3126 by **Monday, April 18th 2011**.

SIDE ONE, TO BE COMPLETED BY YOU

1.	FIRST NAME	INITIAL	LAST NAME	CARD CARD NUMBER (OPTIONAL)
2.	IN CASE OF EMERGENCY, NOTIFY	RELATIONSHIP TO YOU	PHONE NUMBER	DOES THIS PERSON KNOW YOU HAVE HIV/AIDS? YES ❒ NO ❒
3.	LIST ANY MEDICAL CONDITIONS, INCLUDING ALLERGIES, ASTHMA, ETC., THAT YOU FEEL WE SHOULD KNOW ABOUT _____ _____ _____			
4.	LIST THE MEDICATIONS/TREATMENTS YOU ARE CURRENTLY USING _____ _____ _____ _____			
5.	For the safety of all members, we will not tolerate the use of recreational drugs or alcohol during the skill development weekend. We will not tolerate sharing or selling of any drugs such as methadone, medicinal marijuana, etc., during the skill development weekend. If you are using medicinal marijuana or methadone, please indicate below. You must be discreet in your use of medicinal marijuana, and, if smoked, it must be used outdoors. The use of medicinal marijuana or methadone must be doctor approved on page two of this form. DO YOU USE MEDICINAL MARIJUANA? YES ❒ NO ❒ DO YOU USE METHADONE? YES ❒ NO ❒			
6.	APPLICANT'S SIGNATURE			DATE

IMPORTANT FOR YOU TO KNOW

1. THIS INFORMATION WILL ENSURE YOU RECEIVE THE BEST CARE POSSIBLE IF YOU BECOME ILL OR INJURED DURING THE SKILL DEVELOPMENT WEEKEND.
2. A COMMUNITY HEALTH NURSE WILL BE PRESENT AT THE SKILL DEVELOPMENT WEEKEND SHOULD YOU REQUIRE ANY MINOR CARE OR HAVE ANY MEDICAL QUESTIONS.
3. ALL INFORMATION ON THESE FORMS IS KEPT CONFIDENTIAL AND WILL BE SHARED ONLY WITH THE PWN STAFF AND THE NURSE.
4. TRANSPORTATION TO THE NEAREST HOSPITAL WILL BE AVAILABLE SHOULD A MEDICAL EMERGENCY ARISE.
5. IT IS YOUR RESPONSIBILITY TO ENSURE THAT BOTH THIS FORM, AND THE DOCTOR'S FORM, ARE FILLED IN COMPLETELY AND SENT TO PWN.
6. THIS INFORMATION IS SHREDDED AFTER THE SKILL DEVELOPMENT WEEKEND. WE WILL NOT KEEP THESE FORMS ON FILE UNLESS YOU REQUEST THAT WE DO SO.

PLEASE TURN OVER

SKILL DEVELOPMENT WEEKEND **REGISTRATION & MEDICAL FORMS**

APPLICANT NAME:	PLEASE COMPLETE THIS MEDICAL FORM AND EITHER MAIL OR FAX THIS FORM TO #614-1033 DAVIE ST., VANCOUVER, BC, V6E 1M7 OR FAX: 604-684-3126 BY **MONDAY, APRIL 18TH 2011**.

SIDE TWO, TO BE FILLED OUT BY YOUR DOCTOR

1 TB TESTS

B.C. TB CONTROL HAS INFORMED US THAT HIV+ PEOPLE SHOULD ALWAYS HAVE A CHEST X-RAY TO CONFIRM TB STATUS. ALSO, IF CD-4 COUNT IS LESS THAN 400, THE TB SKIN TEST MAY BE INACCURATE.

1 HAS THE APPLICANT HAD A NEGATIVE TUBERCULIN SKIN TEST AND/OR A NEGATIVE CHEST X-RAY **WITHIN THE LAST YEAR?** ..... YES ❒ NO ❒

2 HAS THE APPLICANT HAD A POSITIVE TUBERCULIN SKIN TEST? ..... YES ❒ NO ❒

3 DOES THE APPLICANT HAVE ACTIVE TB? ..... YES ❒ NO ❒

4 IS SHE CURRENTLY RECEIVING TREATMENT FOR TB? ..... YES ❒ NO ❒

5 IF YES, HAS SHE COMPLETED TREATMENT? ..... YES ❒ NO ❒

2 CONTROLLED SUBSTANCE

PLEASE COMPLETE THIS SECTION IF THE APPLICANT IS USING A CONTROLLED SUBSTANCE, INCLUDING MEDICINAL MARIJUANA OR METHADONE.

	SUBSTANCE USED	DOSE	SIDE EFFECTS
A			
B			
C			

3

IS THIS APPLICANT MEDICALLY FIT TO ATTEND A SKILL DEVELOPMENT WEEKEND OUTSIDE OF THE LOWER MAINLAND? (THERE IS A NURSE ONSITE BUT NO DOCTOR.)

COMMENTS

4

PHYSICIAN'S SIGNATURE AND STAMP	PHYSICIAN'S NAME (PLEASE PRINT)

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