





# Canadian Health and Business College

Suite #208, 1212 1st SE, Calgary, Alberta, T2X 3T2  
Phone: (403) 453-3346 Email: info@chbcollege.ca Website: www.chbcollege.ca

## Declaration of Health Condition

1. Are you medically fit to enrol in the program chosen?  Yes  No
2. Have you suffered from health condition/disease/illness /injury that will hinder in-class and practicum exposure?  Yes  No
3. Have you diagnosed with high blood pressure, heart disease, diabetes, paralysis, any diseases of the brain, renal disease, tumor, epilepsy, hepatitis (of any type), HIV/AIDS, or any disease/disorder not mentioned? (if yes, explain)  Yes  No
4. Have you suffered from mental or physical disabilities or defect?  Yes  No
5. For female, are you pregnant? (How many months)  Yes  No

## Additional Information for Student Loan Assessment

(Name of Husband/Wife)	(Email Address of Husband/Wife)	(Date of Birth of Husband/Wife)
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(Address)	(Postal Code)	(Phone Number)	(Social Insurance Number)
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High School (provide start and end date)	(Month/Year Graduated)	(Income/Hour of Husband/Wife)	(Income Tax Assessment of Husband/Wife)
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Name of Children/s _____	Children/s Brithdate _____
_____	_____

## Declaration

(Monthly Child Support) Total \_\_\_\_\_

I declare that the above information is true and correct. I understand that any false information submitted in support of my application may invalidate my application and result in withdrawal of a 'Letter of Acceptance and or Registration. I am authorizing CHBC representative or designate to assist or even to apply my loan to the Alberta Student Aid on my behalf I am willing to share my information to the College or designate. (Electronic Signature Acceptable)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

The personal information requested on this form is collected under the authority of the Post-Secondary Learning Act and section 33(c) of Alberta's Freedom of Information and Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and awards, convocation sending educational information, and for College research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements, Alberta Employment and Immigration for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students Association for the purposes of membership, fee collection, and contacting students; and to the Alumni Association for the purpose of membership and information sharing. For information about the collection and use of this information, contact the FOIP Administrator at 10215-108 Street NW, Edmonton, AB 5J 4L5 Tel. 780.427 7145.

## For College Official Use Only

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|--|--|---|---|
| <input type="checkbox"/> Diploma/Certificate     | <input type="checkbox"/> Notice of Assessment (Husband/Wife) | <input type="checkbox"/> Transfer Credentials   | <input type="checkbox"/> PR/ Citizenship Card |
| <input type="checkbox"/> Transcript of Records   | <input type="checkbox"/> Health Care Card                    | <input type="checkbox"/> High School Grade Card | <input type="checkbox"/> Driver's License     |
| <input type="checkbox"/> Social Insurance Number | <input type="checkbox"/> Proof of English (IEL/ESL/CELBAN    | <input type="checkbox"/> Immigration Document   | <input type="checkbox"/> Others               |

**WONDERLIC EXAM**     Passed     Failed    Score \_\_\_\_\_

Assessed by \_\_\_\_\_ Date \_\_\_\_\_     Approved     Denied     On-Hold     Follow-Up