

CONTACT INFORMATION			
First Name:			Last Name:
Address:			
City:			Province/ State:
Country:			Postal Code/ ZIP:
Email:			Canadian Cell:
Copy of: (Please attach all that apply)	Passport <input type="checkbox"/>	Driver's Licence <input type="checkbox"/>	Travel Documents <input type="checkbox"/>
HEALTH & WELLBEING			
Allergies:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please list:
Medication or procedure in event of an allergic reaction:			
Prescription medications:			
Dates of Covid-19 vaccinations received:			
Fears or phobias:			
Is there anything else you feel that we should know about you in order to make your experience as positive as possible?			
EMERGENCY CONTACTS			
#1 Name:			Relationship:
Home phone:	Cell phone:	Work phone:	
Address:			
#2 Name:			Relationship:
Home phone:	Cell phone:	Work phone:	
Address:			
AGREEMENT			
<i>I have read, understand, and will abide by the orientation manual provided to me.</i>			
Intern's Signature:		Date:	