

COMPLETION OF DETAILED HEALTH QUESTIONNAIRE AND CONSENT TO DISCLOSE MEDICAL INFORMATION

1. You will need to fill in a Detailed Health Questionnaire (DHQ) and a Consent to Disclose Medical Information form for your son/daughter/ward, and when completed mail it to

ATTENTION: RCMLO CENTRAL
COMMANDING OFFICER
RSCU CENTRAL
PO BOX 1000 STN MAIN
BORDEN ONTARIO
L0M 1C0

2. When completing the DHQ ensure that:

- a. SECTION ONE
the Corps/Squadron Information is clearly listed;
- b. SECTION TWO
the surname used is the same as the name on the provincial health card;
- c. SECTION THREE
you provide all pertinent health information by:
 - (1) Checking off yes or no for questions 1 & 2,
 - (2) listing the medical conditions (diagnosis) and all medications taken by the cadet for question 3,
 - (3) stating diagnosis and type of counselling, including frequency, if your son/daughter/ward is undergoing counselling or therapy for question 4;
- d. SECTION FOUR
you sign to certify all info provided is complete and correct. Cadet's who have reached the age of majority (18years in Ontario) can sign the form, if younger than 18 years of age then the form must be signed by the parent/guardian.

3. When completing the Consent to Disclose Medical Information ensure that:

- a. SECTION ONE
personal info is complete and up to date contact info (phone, e-mail) is provided;

- b. SECTION TWO
public/private health insurance number is clearly legible and complete;
 - c. SECTION THREE AND FOUR
the family's physician info is provided and the section is signed by either the cadet if he/she has reached the age of majority or by the parent/guardian for a younger cadet.
4. Please provide your daytime telephone number where we can easily you in case additional information or clarification is required. Also, if you have any questions you can call our toll free number 1-877-381-6857, Monday to Friday, 0800 – 1600 hrs, or email barrie.jack@forces.gc.ca.