

Required Lab Works

First Name	Middle Name	Last Name
Health Card #	Province	Date of Birth

Tuberculin Test:

Testing Date: _____ Results Date: _____	Test Results: <input type="checkbox"/> Negative :: <input type="checkbox"/> Positive Test Results: <input type="checkbox"/> Latent :: <input type="checkbox"/> Active
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STD Testing: Please check (☑) the appropriate boxes.

Hepatitis A: <input type="checkbox"/> Negative :: <input type="checkbox"/> Positive Hepatitis B: <input type="checkbox"/> Negative :: <input type="checkbox"/> Positive Hepatitis C: <input type="checkbox"/> Negative :: <input type="checkbox"/> Positive HIV: <input type="checkbox"/> Negative :: <input type="checkbox"/> Positive	Gonorrhea: <input type="checkbox"/> Negative :: <input type="checkbox"/> Positive Herpes: <input type="checkbox"/> Negative :: <input type="checkbox"/> Positive Syphilis: <input type="checkbox"/> Negative :: <input type="checkbox"/> Positive
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I, _____, hereby grant permission for my blood transcripts to be faxed directly to the Dawn Sanctuary

Fellowship Intake Office at (_____) _____

Applicant's Signature: _____

Date: _____

This is to confirm that the above tests have been completed.

Physician's Name: _____

Physician's Signature: _____

Date: _____

RELEASE OF INFORMATION CONSENT

“By signing this statement, I acknowledge that the information which I provide to Dawn Sanctuary Fellowship. Dawn Sanctuary Fellowship is given voluntarily and of my own free will, and that it is accurate and truthful to the best of my knowledge. Further, I understand and accept that my having knowingly provided false or misleading information may result in my application for admission to the Dawn Sanctuary Fellowship program being declined or, if accepted to the program, my dismissal from it, at the discretion of Dawn Sanctuary Fellowship.

Having been advised of my rights with respect to the provision, use and disclosure to others of my personal information, whether it is of a ‘sensitive’ nature or not, and having read the attached ‘**Frequently Asked Questions**’ with respect to same, and being given ample opportunity to ask questions with respect to such provision, use and disclosure, I authorize Dawn Sanctuary Fellowship to use any personal information I provide as they might deem reasonable in their sole discretion, within the guidelines set out. I agree not to hold Dawn Sanctuary Fellowship, its staff, agents, volunteers or anyone else acting on its behalf, liable for any inadvertent use, misuse or disclosure to third parties, and to take no legal actions against them.”

In terms of the ‘Personal Information Protection and Electronic Documents Act’ (PIPEDA), or the ‘Personal Information Protection Act’ (PIPA) in Alberta and British Columbia, this will confirm that I hereby acknowledge the following:

- I am currently an applicant to the 12-month, faith-based, residential, Drug & Alcohol Rehabilitation Program offered by Dawn Sanctuary Fellowship.
- I hereby authorize my Doctor, my Lawyer, my school/college, my Probation Officer, or my government assistance caseworker, to discuss my case with the Dawn Sanctuary Fellowship Intake Coordinator and/or their assistant.
- I also authorize the Intake Coordinator and/or their assistant to exchange information relative to my case, written or verbal, with my Doctor, my Lawyer, Crown Attorney, Probation Officer, government assistance caseworker, Pastor and/or Emergency Contact Person as listed on the application.
- Furthermore, I confirm that I want to enter the Dawn Sanctuary Fellowship Program of my own free will, without duress or compulsion by any other party. I am doing so to salvage my life and not to appease my parents, my spouse, my sponsor or any other person.
- I have read and fully understand the Frequently Asked Questions about my rights in relation to PIPEDA (PIPA in Alberta and British Columbia).

I, _____, born on _____ of the year _____, <i>(full name)</i> <i>(month name) – (date)</i> <i>(year)</i>
in the province of _____, in the country of _____, <i>(province)</i> <i>(country)</i>
have read, fully understand, and completely agree with all statements herein.
Signed on this _____ day of _____, 20_____. <i>(date)</i> <i>(month)</i> <i>(year)</i>

Applicant Name

Applicant Signature

Witness Name

Witness Signature