Alberta College of Pharmacy

Updated October 2023

To fill out and save this form, it must be downloaded and opened with Adobe Reader.

Disclosure of medical information

Please have your health professional complete and submit this form on your behalf.

TO BE COMPLETED BY THE HEALTH PROFESSIONAL

I have known _____ since _____
applicant date

in my capacity as _____
professional title

1. Provide general nature of disability, disorder or condition, including date that the disability was initially diagnosed. (**Note:** unless the applicant consents, a specific diagnosis of disability is not required to be provided. However, we ask that you provide information on the general nature of the disability.)

Is this a permanent or temporary disability? _____

If a temporary disability, what is the prognosis for recovery?

2. Describe any limitations and restrictions on the applicant arising from the applicant's disability, disorder, or medical condition.

3. Is the applicant following a recommended treatment program?

4. Is the applicant taking any medications which may impact practice as a pharmacist or pharmacy technician? If so, what are the possible effects?

5. In your professional opinion is this applicant able to practice safely as a pharmacist or pharmacy technician in the Province of Alberta? Please provide reasons.

HEALTH PROFESSIONAL INFORMATION

Name (please print)

Professional designation

Business address

Email

Telephone

Signature

Date

NOTE: Please ensure that the health professional submits this completed form, along with any other relevant information, directly to:

Registration department
Alberta College of Pharmacy
1100-8215 112 St. NW
Edmonton, AB T6G 2C8
Email: registrationinfo@abpharmacy.ca
Fax: 780-990-0328