



HEALTH ASSESSMENT FORM

I acknowledge that the Massage Therapy program at the Vancouver College of Massage Therapy is academically, physically, and emotionally demanding.

I understand that the intensity of the program is influenced by a variety of factors, including but not limited to the fast-paced academic schedule, the physical requirements of hands-on practice, and the emotional resilience needed to support clients and manage the rigors of the training environment.

I recognize that pursuing a career in massage therapy requires thoughtful consideration of these demands, both during the educational process and in future professional practice.

I, _____, to the best of my knowledge, believe that I am currently in a state of health—physically, mentally, and emotionally—that allows me to participate fully in all aspects of the program, including classroom work, clinical practice, and physical treatment components. If any concerns arise that may impact my ability to participate, I understand that I am encouraged to seek appropriate support and communicate with program staff as needed.

Student Signature _____ Date _____

** If you require an academic accommodation due to a medical, physical, or psychological condition, please request an Application for Academic Accommodations from **admissions@vcmt.ca** and submit it prior to the start of the program.*

