

In your lifetime, have you been diagnosed and/or treated for any of the following conditions :

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**Acquired immunodeficiency syndrome (AIDS) or tested positive for the human immunodeficiency virus (HIV)?**

☐ Yes

☐ No

**Heart rhythm disorder (arrhythmias) which required the insertion of a pacemaker, heart failure or cardiomyopathy?**

☐ Yes

☐ No

**Cystic fibrosis, Alzheimer's disease, dementia, Huntington's chorea, Parkinson's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), muscular dystrophy, myotonic dystrophy or any form of ataxia?**

☐ Yes

☐ No

**Chronic respiratory disease (excluding sleep apnea) which requires the daily administration of oxygen?**

☐ Yes

☐ No

**Within the last three (3) years :**

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**Have you had or been treated for leukemia, lymphoma, malignant tumour or any form of cancer (other than basal cell carcinoma)?**

☐ Yes

☐ No

**Within the last twelve (12) months :**

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**Have you been found guilty of a criminal offence (including offences associated with driving under the influence – DUI) or of a criminal offence awaiting trial?**

☐ Yes

☐ No

Have you used any hard drugs except as prescribed by a physician or have you used methadone prescribed or not by a physician?

☐ Yes

☐ No

Are you presently :

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Hospitalized or in a nursing facility including a centre or a home for individuals with reduced autonomy?

☐ Yes

☐ No

Bedridden or wheelchair bound?

☐ Yes

☐ No

Undergoing or waiting for an investigation for diagnostic purposes?

☐ Yes

☐ No

For individuals 15 years of age or older :

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Is your weight greater than the weight corresponding to your height in the following table?

Height/feet	Weight/lbs	Height/metres	Weight/kg
4' 8" - 4'10"	230	1.42 - 1.49	105
4'11" - 5'1"	260	1.50 - 1.56	118
5'2" - 5'4"	285	1.57 - 1.64	129
5'5" - 5'7"	310	1.65 - 1.72	141
5'8" - 5'10"	335	1.73 - 1.79	152
5' 11" - 6'1"	365	1.80 - 1.87	165
6'2" - 6'4"	390	1.88 - 1.95	177
6'5" - 6'7"	415	1.96 - 2.01	188

☐ Yes

☐ No

Previous

Next

Validate

For individuals 15 years of age or older :

Is your weight greater than the weight corresponding to your height in the following table?

Height/feet	Weight/lbs	Height/metres	Weight/kg
4' 8" - 4'10"	190	1.42 - 1.49	86
4'11" - 5'1"	200	1.50 - 1.56	91
5'2" - 5'4"	220	1.57 - 1.64	100
5'5" - 5'7"	240	1.65 - 1.72	109
5'8" - 5'10"	260	1.73 - 1.79	118
5' 11" - 6'1"	280	1.80 - 1.87	127
6'2" - 6'4"	300	1.88 - 1.95	136
6'5" - 6'7"	330	1.96 - 2.01	149

☐ Yes

☐ No

Within the last five (5) years :

Have you had an amputation as a result of a disease?

☐ Yes

☐ No

Have you had or been treated for a chronic kidney disease or a chronic liver disease (including cirrhosis, fibrosis, hepatitis C or any other types of chronic hepatitis)?

☐ Yes

☐ No

Have you received an organ transplant or a bone marrow transplant or were you advised to do so due to your condition?

☐ Yes

☐ No

Have you been treated for drug or alcohol use, joined a support group or been advised to reduce your consumption or to receive treatment for it?

☐ Yes

☐ No

Within the last three (3) years, with regards to heart attack (myocardial infarct), angina or heart valve disease :

Have you been diagnosed and/or been treated with anticoagulants?

☐ Yes

☐ No

Have you undergone a surgery (including bypass, angioplasty, insertion of a stent or a prosthesis) or are you awaiting such surgery?

☐ Yes

☒ No

Within the last three (3) years, with regards to cerebrovascular disease (stroke), transient ischemic attack (TIA) or vascular disease of the arms and/or legs (excluding varicose veins and superficial phlebitis) :

Have you been diagnosed and/or been treated with anticoagulants?

☐ Yes

☒ No

Have you had or are you awaiting surgery?

☐ Yes

☒ No

Within the last twelve (12) months, with regards to depression or any mental health disorder :

Have you been hospitalized?

☐ Yes

☒ No

Has your medication been changed (addition or replacement of a medication, increase or decrease of dosage)?

☐ Yes

☒ No

Have you ceased your medication without being advised by your doctor to do so?

☐ Yes

☒ No

Within the last twelve (12) months :

Have you undergone a surgery for an aneurysm or are you awaiting such surgery?

☐ Yes

☒ No

If you have diabetes, has your medication changed as advised by a physician (addition or replacement of a medication, increase or decrease of dosage)?

☐ Yes

☒ No



Within the last five (5) years :

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Have you had or been treated for leukemia, lymphoma, malignant tumour or any form of cancer (other than basal cell carcinoma)?

☐ Yes

☐ No

Within the last twelve (12) months :

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Has your weight decreased by 10% or more (excluding after a diet or childbirth)?

☐ Yes

☐ No

Within the next two (2) years :

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Do you foresee traveling to high risk regions or regions of conflict or war? 

☐ Yes

☐ No

Do you intend to reside outside Canada or the USA for at least six (6) consecutive months?

☐ Yes

☐ No

Family history. Has a member of your immediate family (father, mother, brother or sister) been diagnosed with any of the following conditions :

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Huntington's disease or polycystic kidney disease before age 60?

☐ Yes

☐ No