



# Medical Report – Guide Dog Program

## Section A – To be completed by the applicant

### 1A: Applicant’s authorization

I hereby authorize the healthcare professional consulted to provide Mira with any information regarding my current physical and mental health that may impact my participation in guide dog training.

Date:

Applicant’s signature:

## Section B – To be completed by the physician

### 1B: Identification of the individual

Last Name:

First name:

Date of birth \_\_\_/\_\_\_/\_\_\_\_\_

Weight:

Height:

### 2B: Medical condition(s) and functional limitation(s)

Confirm the stability of the medical condition: Stable  Variable  Progressive

If variable or progressive, please specify the reason: \_\_\_\_\_

Does the person have hearing loss? Yes  No

If yes, specify the hearing aid: \_\_\_\_\_

Based on your medical assessment, does your patient have any limitations that could affect their safety when walking in daily life? Yes  No

Functional limitations	0 No limitations	1 Mild limitation	2 Significant limitation
Chronic conditions (diabetes, Crohn's disease, fibromyalgia, etc. )			
Allergies (dogs, food, etc.)			
Tolerance for physical exertion (walking)			
Balance / risk of falling			
Mental health			
Stress management			
Cognitive functions (judgment, memory, learning, multitasking, etc.)			
Other(s), please specify:			

Please list the medical condition(s) associated with the functional limitations: \_\_\_\_\_

### 3B: Medication Management

Does the person take medication regularly?  No  Yes (attach list)

Check if the person can:

- Taking their medication
- Organizing their medication (pill organizer)
- Managing refills

Comments: \_\_\_\_\_

### 4B: Participation in guide dog training and use

Check if you believe the person can:

- Handle** a guide dog (approximately 25–35 kg)
- React** to a sudden pull or movement by the guide dog
- Walk** with their guide dog at a steady pace

Comments: \_\_\_\_\_

*Guide dog training at Mira lasts 3–4 weeks and includes daily walks, handling a guide dog, and activities lasting approximately 3 to 5 hours per day.*

Can the person safely participate in this type of training?

- Yes
- Yes, with precautions
- No

Precautions (if applicable): \_\_\_\_\_

### 5B: Physician's Certification

*By signing this form, I certify that the information provided is accurate and confirm that I agree with the medical evaluation and the information stated above.*

<b>Physician's name:</b>	<b>License number:</b>
<b>Signature:</b>	<b>Date:</b>