



Kinetik
c/o Saskatoon City Hospital
8th Floor, 701 Queen Street
Saskatoon, SK S7K 0M7
Tel: (306) 655-8974
Fax: (306) 655-7878



EMT Screening Assessment and Functional Evaluation (EMT-SAFE) Registration Form

Name:	_____
Address:	_____
	Street

	City
	Prov.

	Postal Code
Phone:	_____
	(Home)

	(Work)
Date of Birth:	_____

List any medications that you are currently taking, as some medications may affect heart rate during cardiovascular and functional testing:

There is a \$100.00 fee for assessment

Please pay the \$100.00 fee on the day of assessment at the cashier's office (Main Floor – Saskatoon City Hospital) prior to coming to Kinetik for testing. Bring your registration form and your signed medical consent form with you to Kinetik on the day of your pre-booked testing appointment.

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If you have questions please call 655-8986.