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MEDICAL SCREENING FORM

GUIDELINES:

The purpose of this medical questionnaire is to determine medical fitness for practical training.

Firefighting exercises involve moderate to heavy physical activity and involve the wearing of Self Contained Breathing Apparatus.

Waterborne exercises may include activities in the water such as righting a liferaft, rebreather training and underwater escape training from a depth of less than three (3) metres.

Trainee should not have cardiovascular problems, communicable diseases, recent major surgery or conditions that may be aggravated by physical activity, or history of fainting or seizures.

I. DATE OF LAST MEDICAL EXAMINATION: _____

II. Please answer each of the following questions with YES or NO. If YES, please specify details.

HAVE YOU EVER BEEN DIAGNOSED WITH:	
Hypertension/high blood pressure?	
Heart disease or a heart attack?	
Asthma?	
Epilepsy, seizures or convulsions?	
Hernia?	
Tuberculosis?	
Diabetes?	
Ear infections or injuries?	
Head, neck or back injuries?	

III. Please specify details of the following otherwise please write N/A.

Major surgery/operation	
Lost consciousness other than during a medical procedure	
Medication that may affect performance during practical training	
Last menstrual period **(FEMALE ONLY)**	

If you have answered YES or stated details to any of the conditions in item II and/or III, you **MAY** be required to obtain a medical clearance from a medical practitioner using the form as provided below.

NOTE:
In the event of doubt as to medical fitness, IDESS Maritime Centre (Subic) Inc. reserves the right to request medical examination by an authorised medical practitioner.

DECLARATION:
I declare, to the best of my knowledge and belief, that the above information is true and accurate.

Printed Name	Signature	Date

MEDICAL CLEARANCE

I have examined the above named person and have found **him/her** **fit/unfit** to participate in waterborne and fire fighting exercises.

Printed Name	Signature	Date

License Number	Stamp

FOR IDESS USE ONLY:

Checked by: _____ Signature _____ Date