

Medical Screening and Self-Declaration of Fitness for Attending OPITO

Training Form

Course Title		Course Dates	
Full Name		Phone Number	
Date of Birth			
Company			
Emergency Contact Name		Contact's Phone Number	

1. Please read the following carefully:

Physical activities associated with this training course may include, but are not limited to:

- Moving through the water using your arms while wearing a life jacket and/ transit or immersion suit.
- Holding your breath to egress underwater in a helicopter simulator module.
- Entering the water from pool side or at height 3.3ft or 1m.
- Towing other persons in the water.
- Pulling action on the upper body when climbing in or out of the pool.
- Pulling action on the upper body when pulling yourself up and into a life raft from the water. (Similar to doing a chin-up but with an additional 20 lbs/10kg of weight added to your body.) Extensive use of joints – shoulders, neck, elbows, wrists, hips, knees.
- Twisting and torquing the upper body.
- Breathing form emergency breathing devices.
- Sitting in a classroom environment for at least 50 consecutive minutes.
- Crawling over/ under objects in low visibility situations.

2. Delegates Medical Self Declaration

The following questionnaire is provided for your personal review. If you have any of the following medical conditions or answer yes to any of the questions you are advised to:

- Provide the list of training requirements to your physician
- Consult with your Physician to determine if you are fit to safely complete the training

This medical questionnaire may be voluntarily used by the delegate to discuss whether they are physically able to participate in course(s). This list of question is by no means an exhaustive list of all questions you should discuss with your medical provider prior to signing your Training Participant Medical Declaration acknowledging your fitness to participate in the training programme.

Questions	Yes	No	If Yes, What and When?
Have you ever been hospitalized or been under a surgical intervention recently?			
Do you have any physical disability?			
Do you wear prescription glasses or contacts?			
Are you presently on light duty because of a medical condition?			
Did you have any disease, altered state of health or any accident in past 12 months?			
Have you been treated or being in the care of a doctor in the last 12 months for any medical condition that would require a doctor's release?			
Do you have any phobias such as Height, Enclosed Spaces, Water, etc.			
Are you suffering from any physical or physiological condition not mentioned that could affect your participation in any of the training physical activities?			
Do you have any anxiety that could prevent you from safely completing this training?			
Have you ever had epilepsy/ seizures/ fainting/ "blackout"?			
Have you ever had a head injury?			
Do you have any problems with headaches/ balance/ hearing?			
Do you have trouble with swimming?			
Are you a limited or non-swimmer?			
Are you ears sensitive to water? Have you had previous ear issues while swimming or after swimming?			
Do you have shortness of breath/ breathing difficulties?			
Have you suffered chest pains?			
Do you have a history of displaced joints (bad knee, bad back etc.)			
Are you allergic to any medicine/ substances?			
Are you pregnant? If Yes, How long have you been pregnant?			
Are you currently under any treatment or any kind of medication?			
Have you taken any medication in the past 24 hours that could impair your ability during this training?			
Do you suffer or have you suffered from?			
RESPIRATORY Diseases (allergies, asthma, bronchitis, tuberculosis or other)			
CARDIOVASCULAR diseases (heart attack, angina, thrombosis, phlebitis or other)			

DIGESTIVE SYSTEM Diseases (gastritis, ulcers, hepatitis B/C or other diseases)			
URINARY SYSTEM Diseases (infection, kidney stones or other)			
METABOLIC Diseases (diabetes, obesity, anemia or other)			
BONE SYSTEM Diseases (arthritis, bone fracture, dislocation, slipped disc, rheumatism or other)			
NEUROLOGICAL Diseases (epilepsy, depression or other)			
SKIN diseases (ringworm, folliculitis, herpes or other)			
EYES Diseases (myopia or other)			
High blood pressure			
VARICOSE veins (poor circulation, and phlebitis)			
Hernias, Hemorrhoids or Fistulas			
Please list any other medical problems or recent injuries that may limit your ability to safely complete this training.			

- I understand that all the above information that I have supplied will be kept “most confidential” unless issues arise regarding my health and safety. Should an incident occur, I agree that any information needed to aid in my care can be released.
- I have read the above and declare that all information provided on this form is accurate and that I have not withheld any information regarding the status of my health.
- I am aware that occurrence of any accident or illness in training must be immediately reported to the instructor or the responsible health professional.

Delegate to declare that he/she is fit to attend the course at the start of each training date.

<u>TRAINING DAY 1</u>		Date	
Delegate’s Signature			
<u>TRAINING DAY 2</u>		Date	
Delegate’s Signature			
<u>TRAINING DAY 3</u>		Date	
Delegate’s Signature			

Post Training Attestation

At the end of all practical training, the delegate must sign this form in the table below, stating whether or not there was some type of injury sustained during the training, if so; the delegate should be directed to receive medical care in order to receive assistance.

- I have attended the schedule training at the COSEM Safety & Security Services Pte Ltd.
- I am departing the COSEM Safety & Security Services Pte Ltd and I declare I experienced no medical issues or incidents.
- If I did experience an incident I reported it to the proper personnel and am satisfied with the outcome and/or how the incident is being managed.
- I have completed the training incident free.
- To the best of my knowledge, I did not sustain any medical related condition or experience any incident in connection with training I participated in which could cause medical problems.
- I declare the above statements to be true to the best of my knowledge.
- In the event that I feel I need medical attention after the class (later that evening, the next day, etc) I understand I must coordinate this through my company via my supervisor or other authorized company representative

Delegate's Signature:	
Date:	
Incident occurred, YES/NO? If Yes, please provide a full description:	