

MEDICAL FITNESS REPORT

(This form applies only to those enrolled in MED DVS and all STCW courses)

Name of Student: _____ **Date:** _____

Marine Emergency Duties Training requires strenuous physical exercise for intervals up to one hour several times a day over a ten hour day and includes the following:

- Rowing of ship's lifeboats
- Wearing of breathing apparatus in smoke filled areas
- Hauling pressurized hoses
- Up righting overturned life rafts while wearing life jackets and/or immersion suits and immersed in water

A Medical Fitness Report is a necessary course requirement to assure the health and safety of the student.

The Fitness report should identify:

- Good physical strength endurance
- History of stress related illnesses
- Respiratory/cardiovascular conditions
- Phobia tendencies
- Any other medical conditions that may interfere with the above training.

Please report any condition that would indicate a problem considering the above training requirements. _____

Name of Physician: _____

Address: _____

Signature of Physician: _____ **Date:** _____

MEDICAL CONSENT

"The Information on this form is collected under the legal authority of the Colleges and Universities Act. R.S.O. 1980, Chapter 272, Section 5, R.R. 1980, Regulation 640. The information is used for the administration and statistical purposes of the College and/or the ministries and agencies of the Government of Canada."

I have read the above statement and hereby authorize the release information contained herein to the aforementioned."

Signature of Student: _____ **Date:** _____

Please note: it is the student's responsibility to have the Medical Fitness Report completed by your physician and present it when you arrive for your training prior to starting your MED course. If you do not have a completed medical form you will not be allowed to take the training.