



Fitness To Participate In Training Declaration

I am booked to attend (write course title in this box please)

On (write the course date in this box please)

Are you fit and able to participate fully in this training course?

Please cross the appropriate box to indicate if you suffer from any of the following conditions that may impact on your ability to participate and or be assessed as competent in this course. Some questions will not apply (NA) depending on the course you are undertaking.

If you are unwell, please do not attend training, but let us know so we can reschedule your training to the next available course.

Some of these conditions can be managed sufficiently on course day for you to still participate in the training.

| Condition description | Yes | No | NA |
|--|-----|----|----|
| 1. In the last couple of days have you been unwell E.G., had a fever or chills or a cough or shortness of breath or muscle or body aches or a sore throat or any congestion or a runny nose | | | |
| 2. In the last two days have you experience an unexplained reduction of taste and/or smell | | | |
| 3. Are you unduly Fatigued | | | |
| 4. Do you suffer from Asthma or any other breathing difficulties | | | |
| 5. Do you have concerns about your general fitness as you sweat easily and or get breathless under exertion | | | |
| 6. Do you have concerns about your general fitness as your prone to becoming dizzy and or fainting | | | |
| 7. Do you have concerns about your general fitness as you have joint issues making it difficult for you to kneel or stand up from kneeling | | | |
| 8. Do you suffer from any conditions, and or are you taking any medications that could render you unconscious. If you tick yes to this one writes your condition and or medication in the space below please | | | |
| | | | |
| 9. Do you have any other impediment that will affect your performance in this training. If you tick yes to this one, outline in the space below what it is please | | | |
| | | | |
| 10. Are you anxious about being in tight or confined spaces (Claustrophobic) | | | |
| 11. Do you have any issue with wearing and doing work in a full body harness | | | |
| 12. Are you anxious about being at height (Acrophobia) | | | |

I have read and understand this declaration and brought to the attention of the Trainer any condition I've marked yes to. I consider myself sufficiently fit to undertake this training course and have no undisclosed conditions that will affect my performance on this course.

Your Name: _____ Your Signature: _____

Your Employer is: _____ Trainer to sign: _____

Trainer's comments: _____

