

Medical Declaration Form

Prior to attending training with

OTC Training, students are required to self-declare that they are physically and mentally fit enough to undertake the whole duration of the course and all its activities.

This form must be filled out and signed by the student attending the training.

Student Details

Full Name		DOB	
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Next of Kin Details

Name	
Relationship	
Contact Number	

Course Details

Course Name	
Training Location	

Medical Conditions

Training delivered by OTC Training can be physically demanding. Students attending a course with OTC Training should demonstrate the appropriate physical and mental fitness. As a minimum, we require students to confirm if they have any of the below named conditions.

OTC Training may enquire further about a confirmed condition to ensure the safety of you and everyone attending training.

Please check the options below if you have or have ever had any of the following conditions:

Conditions	Tick to confirm
Heart related problems, including Pacemakers	
Blood pressure disorders	
Epilepsy / Fits / Blackouts or Nerve damage	
Vertigo / Dizziness	
Muscular / Skeletal disorders affecting mobility	
Alcohol / Drug dependence	
Diagnosed mental health condition	
Diabetes	
Asthma / Respiratory problems	
Significant fears of Heights / Water / Confined Spaces	
Allergies (please specify below)	
Other, please specify:	

To my knowledge, I do not have any of the above-named conditions or any other condition that will affect my ability to participate in the training I am attending	
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PPE Weight Limitations:

Throughout many of our courses, students will be expected to participate in scenarios on our 18m training tower. All personal fall protective equipment has weight limitations. To ensure that these limits are not exceeded, we require a declaration from you that you weigh no more than 126Kg.

I have read and understood the above and declare my weight to be no more than 126kg / 19.8 stone / 277.7 lbs	Tick to confirm
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Please note, OTC Training reserve the right to refuse training to any person without the appropriate medical suitability or who is unwilling to provide a completed Medical Declaration Form and/or medical certificate.

The information I have given is true and accurate to the best of my knowledge and I can confirm that I am aged 18 years or older:

Signed: _____ Date: _____

Your personal information will be held in accordance with the General Data Protection Regulation (GDPR). OTC Training will not disclose such information to any unauthorised person or body. Where appropriate, OTC Training will use such information in carrying out services and functions. Training may also use such data in connection with the prevention of fraud or other crime.