



Academy

FIREAID ACADEMY HEALTH QUESTIONNAIRE STCW

NAME _____ MALE FEMALE

ADDRESS _____

POSTCODE _____

TELEPHONE NO. _____ D.O.B _____

Please complete the following questions, tick those that apply.
Have you suffered from any of the following medical conditions?

- Asthma or Respiratory Illness**
- Heart Disease or Chest Pains**
- High Blood Pressure**
- Neck Pain**
- Back Pain**
- Hip Pain**
- Knee Pain**
- Epilepsy**
- Allergies**

Do you have any illness or injury that may be aggravated by physical activity?

Please describe _____

The practical element of the course requires students to wear breathing apparatus and to enter a darkened space in order to carry out search and rescue, and firefighting. **Can you meet these requirements?**

The practical pool session requires you to wear a life jacket in the swimming pool. **Can you swim?**

I state the information I am providing is complete and correct and that I know of no medical or physical reason preventing me from participating in this training.

* **SIGNATURE (STUDENT)** _____

* **DATE** _____