

Survival Systems USA Inc.		Issue #/Revision # Orig / 1
Document Code: SS-GTC-SOH		Issue Date: 15AUG2013
Document Title: Statement of Health Form		

This information will be maintained in accordance with guidance regarding Personally Identifiable Information protection

FIRST _____ MI _____ LAST _____

You are here because you enrolled in a physically demanding training program and/ or a program that involves the use of compressed air. Please review the information below regarding conditions which may put you at risk for a physically demanding program, or which may be absolute contraindications for compressed air use. The training program is designed with your safety in mind, but there are several medical conditions which will require further evaluation before you are permitted to participate.

Please review the list below carefully.

Cardiovascular System:

- Intracardiac shunts
- Asymmetric septal hypertrophy
- Valvular stenosis

Pulmonary:

- Active RAD (asthma), EIB, COPD or history of the same with abnormal PFT's or positive challenge
- Restrictive diseases with exercise impairment
- History of spontaneous pneumothorax

Neurological:

- History of seizures other than childhood febrile seizures
- Intracranial tumor or aneurysm
- History of TIA or CVA
- History of spinal cord injury, disease or surgery with residual sequelae
- History of type II (serious and/or central nervous system) decompression sickness with permanent neurological deficits

Hematological:

- Sickle cell disease
- Polycythemia
- Leukemia

Behavioral Health:

- Active psychosis or while receiving psychotropic medications

Gastrointestinal:

- High grade gastric outlet obstruction
- Chronic or recurrent small bowel obstruction
- Entero-cutaneous fistulae that do not drain freely
- Esophageal diverticula
- Severe gastroesophageal reflux
- Achalasia
- Unrepaired hernias of the abdominal wall potentially containing bowel

Otolaryngological:

- History of vestibular decompression sickness
- Monomeric TM
- Open TM perforation
- Tube myringotomy
- History of ossicular chain surgery
- History of inner ear surgery
- History of round window rupture
- Facial nerve paralysis secondary to barotrauma
- Inner ear disease other than presbycusis
- Uncorrected upper airway obstruction
- Laryngectomy or status post partial laryngectomy
- Tracheostomy
- History of stapedectomy
- Uncorrected laryngocele

Metabolic and Endocrinological:

- Diabetics on Insulin Therapy or Oral Anti-Hypoglycemia medications

NOTE: By its nature the above list cannot be all-inclusive and important medical information may have been missed. If you have any other medical conditions about which you have concerns, see your medical provider before participating.

By initialing below, I acknowledge that I have read the medical conditions listed above and I certify that:

_____ YES – In reviewing the list, I have had (at any time), or currently have, an unresolved condition as listed above. I will require clearance from an appropriate medical authority before entering this training.

_____ NO – In reviewing the list, I have never been treated or diagnosed with any of the items on the list, and none of them apply to me.

Any person currently experiencing the following conditions should postpone training until such condition has been completely resolved:

- Pregnant or possibly pregnant (MUST postpone – contraindicated)
- Ear infection
- Inability to clear Eustachian tubes (Valsalva)
- “Cough,” “cold,” “flu,” or “feeling congested”
- Residual effects of alcohol consumption, or “hangover”
- Use of antibiotics or other medication that may contribute to dehydration
- Craniofacial congestion
- Stiffness
- Upper-respiratory infection
- Alcohol consumption within 8 hours
- Blood or plasma donation within 72 hours

I understand that willfully providing false information regarding my medical condition may result in permanent injury.

Signature _____ Date _____
(A photographic copy of this shall be valid as the original)

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FIRST _____ MI _____ LAST _____

I understand that I will be subjected to rigorous physical activity which may include swimming, underwater disorientation, righting a life raft, climbing into a life raft, and depending on the program for which I have registered, may include using compressed air breathing devices. I hereby state that I am in proper physical condition to participate in and be subjected to such physical activities and I am aware that participation could, in some circumstances, result in physical injury. I further state that I have no medical condition that would preclude my participation in these activities. ***If I marked YES on the medical history section (page 1), I have received medical clearance to participate in training, and I certify that my medical condition has not changed since the date of medical clearance to include any conditions which would preclude me from participating in training today. I further certify that I am currently not under the influence of any narcotics or other medication which would impair my performance or place me or other participants at risk.***

I release Survival Systems USA, Inc., its officers, directors, agents, and employees and their executors, administrators, successors and assigns from any claims, demands, damages, actions or causes of action arising out of or as consequence of any loss, injury, death or damage to my person, or property, incurred while attending, participating in or resulting from participating in any and all courses at Survival Systems USA Inc. due to my failure to disclose a prior or current medical condition requiring further evaluation (listed on the reverse) from an appropriate medical authority.

I consent to any emergency medical treatment which might be necessary and undertake to immediately advise Survival Systems USA, Inc., if there is any change in my medical condition during the course of my training, or if I should become aware of any condition which would or might preclude my participation in the course of activities and training. I understand, and declare that my answer to the medical history questionnaire is a full, complete, and true accounting of my medical condition and is correctly recorded, and is in continuance of and forms a part of the application for training with Survival Systems USA, Inc.

I understand that the conditions listed on page one of this document are not the only possible conditions that may affect my participation in training. To my knowledge I do not have any medical condition that would affect my participation in training.

Signature _____ Date _____
(A photographic copy of this shall be valid as the original)

MEDICAL CLEARANCE	
This individual is an applicant for training. They have indicated that YES, they currently have, or have had, one of the conditions on Page 1 of this form. Following a review of the patient's history, I certify that:	
_____	I find no medical condition that I consider incompatible with physically demanding training. The individual is cleared for training.
_____	I find no medical condition that I consider incompatible with physically demanding training. I find no medical condition that I consider incompatible with compressed air use. The individual is cleared for training, and cleared for utilizing compressed air.
_____	I am unable to recommend this individual for physically demanding training or for training utilizing compressed air.
Signature _____	Date _____
(A photographic copy of this shall be valid as the original)	
Print Name _____	Phone _____
(Include Rank and/or Title)	

OFFICE USE ONLY	
This individual has completed Pages 1 and 2 of this Statement of Health/Liability Release Form and has been:	
ACCEPTED NOT ACCEPTED into training	
Signature _____	Date _____
(A photographic copy of this shall be valid as the original)	