



St. Lawrence College

MEDICAL FITNESS REPORT

(This form applies to those enrolled in the MED DVS course)

Name of Student: _____ Date: _____

Marine Emergency Duties - Domestic Vessel Safety training is comprised of two days of classroom learning and one day of practical sessions outdoors and at an indoor or outdoor swimming pool. These practical exercises will involve physical activities including:

- Carrying and operating a portable fire extinguisher weighing up to 30 pounds (13.6 kg);
- Hauling pressurized hoses and operating a fire nozzle under pressure;
- Stepping from a pool deck into deep water while wearing a keyhole lifejacket and being momentarily submerged;
- Floating/swimming while wearing a keyhole type lifejacket or immersion suit (student is not required to be a competent swimmer);
- Righting overturned life rafts while wearing life jackets and/or immersion suits.

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

- Good physical strength endurance
 - History of stress related illnesses
 - Phobias
 - Medical conditions (respiratory/cardiovascular) that may interfere with the above training
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Please report any condition that would indicate a problem considering the above training requirements. _____

Name of Physician or Nurse Practitioner: _____

Address: _____

Signature of Physician or Nurse Practitioner: _____ 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 of information contained herein to the aforementioned."

Signature of Student: _____ Date: _____

NOTE TO STUDENT: *It is your responsibility to have the Medical Fitness Report completed by your physician or Nurse Practitioner and emailed to dbaker@sl.on.ca prior to the course start date. If you do not have a completed medical form you will not be permitted to take the training.*