

Survival Systems USA Inc. SSUSA SOH	Issue #: 001	Revision #: 006	Prepared by: RGM
Document Code: SS-COMM-SOH	Issue Date:	Revision Date: 3 Jan 2012	Approved by: MCH
Document Title: Statement of Health Form			Profile#:

CONFIDENTIAL WHEN COMPLETED

The requirement that you complete this questionnaire is Survival System USA Inc.'s effort to protect you from medical mishap during your forthcoming training. By its nature this form cannot be exclusive and important medical information may have been missed. Please ensure that any other medical information concerning your health, of which you have any knowledge, is described below.

First _____ MI _____ Last _____
 Address _____ DOB _____
 _____ SSN _____
 Office # _____ Mobile # _____ Email _____

Employer _____ Occupation _____ Fixed Rotary
 Emergency Contact _____ Phone _____ Maritime
 A/C or Vessel Model/Type: _____

IF YOU INDICATE YES – PLS DESCRIBE AND SPECIFY DATE IN COMMENTS			
	YES	NO	COMMENTS
Have you ever been diagnosed with, or treated for, issues related to any of the following:			
Brain or nervous system? (such as epilepsy, fainting spells, nervous disorder)			
Respiratory system? (such as bronchitis, pleurisy, asthma, hay fever)			
Heart or blood vessels? (such as heart murmur, coronary, angina, increased blood pressure, varicose veins, rheumatic fever, or stroke)			
Digestive organs? (such as stomach ulcer, jaundice, gall bladder, liver disease, hemorrhoids, hernia, or intestinal disorder)			
Bones or joints? (such as dislocated joints or "trick joints" (shoulder/knee), rheumatism, arthritis, gout, slipped disc, or other back problems, any amputation or bodily deformity)			
Ears or eyes? (such as ruptured eardrum, history of ear infections, or barotrauma)			
Endocrine system? (such as diabetes, allergies, thyroid problems)			
Are you currently taking prescription medication? If yes, please indicate name, strength, and taken per month.			
Have you taken any medication (prescription or otherwise) today? If yes please indicate name, strength and approximate time taken?			
Have you suffered from any of the following:			
Chest pain			
Palpitations			
Shortness of breath			
Weak spells			
Loss of consciousness			
Severe allergic reactions			
Major surgery			
Pneumothorax (spontaneous or other)			
Are you suffering from any illness or condition not mentioned above?			
Do you have any psychological issues that may affect you today, i.e. claustrophobia (fear of enclosed spaces), acrophobia (fear of heights), hydrophobia (fear of water)?			
Are you currently positive for any Communicable Disease?			
Females only:			
Are you now pregnant?			

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First _____ MI _____ Last _____

**** For students, all jewelry is specifically prohibited during any practical exercise session with the exception of wedding bands – Survival Systems strongly discourages all students from wearing wedding bands during any practical exercise session.**

I understand that I will be subjected to rigorous physical activity which may include swimming, underwater disorientation, exposure to cold water, climbing scramble nets, and 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.

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., notwithstanding any such loss, injury, death or damage may have risen by reason of negligence of Survival Systems USA Inc., its officers, directors, agents or employees.

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, declare that the answers to the above questions are full, complete and true, and are correctly recorded, and are in continuance of and form a part of the application for training with Survival Systems USA Inc.

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

If you completed this document in advance of your training, has your medical/physical condition changed? Y N

Today's Date: _____ Course(s): _____

FOR OFFICE USE ONLY:

SITE EMT:

ACCEPTED _____

NOT Accepted _____

DATE _____

SITE MANAGER:

ACCEPTED _____

NOT Accepted _____

DATE _____

EMT NOTES:

