



## OCCUPATIONAL FIRST AID STATEMENT OF FITNESS

|                      |                       |                            |             |
|----------------------|-----------------------|----------------------------|-------------|
| Surname of candidate | Given name(s) in full | Date of birth (yyyy-mm-dd) |             |
| Mailing address      | City                  | Province                   | Postal code |

Section 3.21(2) of the Occupational Health & Safety Regulation (OHSR) states:

*A first aid attendant must be physically and mentally capable of safely and effectively performing the required duties and the Board may at any time require the attendant to provide a medical certificate.*

Participation in first aid training courses and performing the duties of a first aid attendant in the field can be physically demanding and may require prolonged kneeling, working in stooped positions, and rolling patients. Depending on the working conditions, these physical demands can become rigorous.

### Statement of fitness

Answer all the following questions honestly and truthfully regarding any medical conditions. For more information on the statement of fitness, contact the agency representative.

**If the answer to any of the following questions is yes, an Occupational First Aid Medical Certificate of Fitness, completed by a physician on a form acceptable to WorkSafeBC, must be provided before certification is issued. The Medical Certificate of Fitness form can be obtained online at [WorkSafeBC.com](http://WorkSafeBC.com) or from the agency representative.**

|  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| Disease conditions — is there medical evidence and/or history of:  |                              |                             |  |
| Insulin-dependent diabetes   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Respiratory disease                                      |
| Seizure disorder   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Heart disease  |
| Communicable disease   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Multiple sclerosis                                       |
| Have you experienced any problems in the previous 12 months, related to the overuse and/or addiction to alcohol, recreational or prescription drugs, and/or over-the-counter medications?  |                              |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you experienced any psychological or emotional episodes which could preclude you from performing the duties of an occupational first aid attendant?   |                              |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have any visual impairment that would prevent you from assessing a scene from a distance, performing minor wound care, removing small slivers, removing small particles from the eye, and/or assessing a patient for pallor and contusions? |                              |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## Occupational First Aid Statement of Fitness *(continued)*

Do you have any hearing impairment that would prevent you from hearing a summons for first aid, hearing and assessing a patient's breathing, distinguishing if there is distressed breathing, and/or verbally communicating with a patient?

Yes  No

Do you have any physical condition that would limit you from carrying 22.5 kg (50 lbs), traversing rough terrain such as steep banks, steep excavations, or high elevations to render first aid?

Yes  No

I have answered all the above questions honestly and truthfully. This is a true reflection of any physical and mental condition that would have a bearing upon my ability to participate in a first aid training course and/or function as a first aid attendant.

Yes  No

Name *(please print)*

Signature

Date *(yyyy-mm-dd)*