

# STATEMENT OF MEDICAL CONDITION



## Health and Fitness Self-Declaration

Rope access work, at all levels, involves physical and mental exertion. Technicians should be medically fit and unaffected by any medical condition that may prevent them from performing manoeuvres and duties.

Certain medical conditions are a definite contra-indication to the safe and successful completion of industrial rope access work.

All employees and candidates are to complete and sign this declaration prior to commencing any training or work operations.

**Please read through the list of the following medical conditions and tick 'Yes' or 'No' after each, as appropriate:**

### Heart disease / chest pain

- No
- Yes (please give details) \_\_\_\_\_

### High or low blood pressure

- No
- Yes (please give details) \_\_\_\_\_

### Epilepsy, fits, blackouts

- No
- Yes (please give details) \_\_\_\_\_

### Vertigo, giddiness / difficulty with balance

- No
- Yes (please give details) \_\_\_\_\_

### Musculoskeletal issues e.g debilitating back pain

- No
- Yes (please give details) \_\_\_\_\_

### Impaired limb function

- No
- Yes (please give details) \_\_\_\_\_

### Alcohol or drug dependence

- No
- Yes (please give details) \_\_\_\_\_

### Psychiatric illness

- No
- Yes (please give details) \_\_\_\_\_

### Diabetes / high or low blood sugar

- No
- Yes (please give details) \_\_\_\_\_

### Prescribed Medication

- No
- Yes (please give details) \_\_\_\_\_

If an employee or candidate has a contra-indicative condition (listed above or otherwise), they shall obtain a medical certificate from a medical doctor to confirm that the condition does not prevent the person from performing rope access training or work activities.

Please tick here if a medical certificate has been provided

Failure to satisfactorily complete a signed 'Statement of Medical Condition' form may result in your job start being delayed, and/or potential exclusion from the GRA operation or training.

**Please Sign and date below, stating that you understand and agree with the following declaration:**

"I understand that the failure to declare any prior medical conditions may put myself and/or others at risk. I declare that to the best of my knowledge I do not suffer from, nor do I have a medical history of, any mental or physical condition (including those listed above) which would interfere with my ability to train or work at height in a satisfactory and safe manner. I will immediately inform GRA should my medical condition change due to injury or deterioration in general health and immediately cease all rope access operations"

Employee / Candidate Name:
Signature:
Date: