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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.

Name (please print)

Signature

Date (yy mm-dd)