

## DEFENCE FIRE & RESCUE SERVICE STATEMENT OF RECENT HEALTH CIRCUMSTANCES

This form may be completed electronically or by hand

### Student Declaration

To ensure that you have continued to remain fit for firefighting duties and to undergo physical training please complete the following and pass it back to your line manager.

|            |  |                       |  |
|------------|--|-----------------------|--|
| Surname    |  | Forenames             |  |
| Rank/Grade |  | Staff/Service No      |  |
| Station    |  | Watch (if applicable) |  |

I confirm that I

a.\* have or

b.\* have not

suffered from any illness, injury or other medical condition since my last Operational Fitness Assessment.

(\* Delete as necessary)

Students Signature

### Line Managers Certification

To the best of my knowledge:

a.\* The individual named above has not suffered from any illness, injury or other medical condition since his/her last Operational Fitness Assessment.

b.\* The individual named above has suffered from an illness, injury or other medical condition since their last Operational Fitness Assessment and has been referred to OH for re-assessment and

c.\* An updated Operational Fitness Assessment Report is attached.

(\* Delete as necessary)

Fire Station Managers Signature

|            |  |                  |  |
|------------|--|------------------|--|
| Surname    |  | Forenames        |  |
| Rank/Grade |  | Staff/Service No |  |
| Station    |  |                  |  |

Once completed this form is to be returned to the originator, taken to DFTDC and presented to the course instructor on Day 1 of the course.