

Statement of Physical or Medical Qualification

Subject: **Strenuous & Potential Toxicological Exposure During CSTI Haz Mat Training**

Participant Name: _____

1. The above listed participant is physically qualified to participate in training which requires the following:
 - A. The use of positive pressure respirators (S.C.B.A), negative pressure respirators (A.P.R.) and other respiratory protective devices.
 - B. The donning, doffing and wearing of partial and/or fully encapsulating chemical protective clothing for extended durations (up to 1 hour). Including impermeable suit, gloves, boots and other accessories used during field exercises (hazards includes in-suit temperature exceeding 100 Fahrenheit and humidity of 100%). In-suit time of 30 minutes could result in rapid fluid loss up to 5% of total body weight.
 - C. Lifting, carrying and wearing equipment in excess of 35 lbs.
 - D. Possible exposure of small amounts of toxic chemicals during hazard categorization.

Signature Employer "Or" _____
Date

Signature Physician _____
Date

Comments:

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: (____) _____

Note: Please *Hand Carry* this note to the first day of class. **You will not be allowed to participate in field exercises without a completed original. You may have your employer or physician sign this document!**

_____ Instructor Initials