



GWO MEDICAL SELF ASSESSMENT FORM

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TRAINING MODULES:	BR	[]	EFA	[]	FA	[]	WAH	[]	MH	[]	FAW	[]	SS	[]
	LPS	[]	EFAR	[]	FAR	[]	WAHR	[]	MHR	[]	FAWR	[]	SSR	[]
	SR	[]	CS	[]	EA	[]		[]		[]		[]		[]

Your personal health is your own responsibility. Your Training Provider shall not be held responsible for any illness whatsoever during or after the training. I hereby confirm that I have read and understood the listed risks and potentially life-threatening medical conditions and that I am physically and medically fit to participate in GWO Training.

I hereby confirm that there is no factor that will inhibit or affect my participation in GWO Training. I agree to follow all instructions from the appointed Instructor for the duration of the GWO Training. Should there be any doubt regarding my medical fitness, the training provider will stop the training and seek a physician's advice.

I hereby confirm that ZERO alcohol and NO DRUGS Policy during the Delivery of Trainings is accepted by Training provider. I agree to follow this Policy and I understand that if I breach it Trainings provider has right to withdraw me immediately from the trainings with possible further consequences (for example but not limited to, informing Company who send me for trainings, no money refund).I hereby confirm that I can STOP my participation in trainings if I do not feel being able to participate safely because of any reason.

- Asthma or other respiratory disorders
- Epilepsy, blackouts or other fits
- Angina or other heart complaints
- Vertigo or inner ear problems (difficulty with balance)
- Claustrophobia/Acrophobia (fear of enclosed area/height)
- Blood pressure disorder
- Diabetes
- Pacemaker or implanted defibrillator
- Arthritis, osteoarthritis or other muscular/ skeletal disorders affecting mobility
- Known allergies (E.g. bee, wasps or spider stings / bites. Epoxy and isocyanates)
- Recent surgery
- Hyperhidrosis manuum (excessive hand sweating)

Any other medical condition or medication dependency that could affect ability conduct practical trainings (including, but not limited to climbing on the ladder, rescue from height, evacuation from height, exercises in the water, manual handling exercises, fire extinguishing, evacuation from smoke filled area, work with chemicals, work with electrical equipment and other) or physical impact of practical trainings as listed before. In case the trainee has any of the aforementioned ailments he/she may participate in the training conditionally, however at his/her own risk. I, the undersigned, declare that I voluntarily and at my own responsibility take part in the training organised by Global Wind consulting sp. z o. o.

Covid-19 - I hereby declare that:

- In the last 14 days I have traveled frequently
- In the last 14 days I have visited any of the countries and areas from the risk group with increased virus transmission (determined by the Chief Sanitary Inspectorate and the Ministry of Health)
- I have contact with a quarantined person
- I have show symptoms such as increased temperature, shortness of breath, cough
- In the event of any of the above I voluntarily give up the continuation of training
- My health allows me to stay at training in Global Wind Consulting sp. z o. o.

Delegate signature:		Date of signature:	
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