

Fit for Training - Declaration

Required for Hands-on Practice of Techniques Taught in the TLR EMS program

I am declaring that:

☐ I have no physical injury(ies) or condition(s) that prevent me from doing the warm up and mobility activities or practice of techniques (e.g., neck, back, knee, respiratory).

or

☐ I have a pre-existing injury(ies) or condition(s) that may limit my ability to perform the warm up and mobility activities or practice of techniques (e.g., neck, back, knee, respiratory).

In addition, I am declaring that:

If anything hurts while I am doing exercises on skills practice, I will stop immediately and notify my instructor or trainer.

I will immediately stop any activity when instructed to do so by the instructor, trainer or another participant in the group.

During practice of techniques, I will move slowly, careful and obvious.

While performing the techniques and moving slowly, I will try to make the moves as realistic as possible.

In each practice move I will communicate clearly with my partner, ensuring that we both understand who is simulating the primary worker, the second worker and the patient.

I will trade patient and worker roles several times for each technique until I am comfortable and familiar with each one.

Name (print legibly in block letters)

Signature

Date

TO BE COMPLETED AT THE END OF THE TRAINING PROGRAM:

I declare that I have not sustained any injury(ies), nor have I aggravated a pre-existing injury(ies) or condition(s) as a result of this training.

Name (print legibly in block letters)

Signature

Date