fit to climb medical certificate

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| Applicant details | |
| Candidate name |  |
| Candidate position |  |
| Company |  |

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| Medical professional statement | | | | |
| I, | *(insert medical professional name)* | | | |
| have assessed | | *(insert Candidate name)* | | |
| and have determined that he/she is | | |  | to climb broadcast/communication structures. | |

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| Medical examination details *(to be completed by the medical professional)* | |
| Does the candidate have any pre-existing heart condition? |  |
| Does the candidate have any metallic implants in their body such as pacemaker or other electronic medical device; plates, screws, wires, rods etc?  If yes, please specify which part of body and description of implant(s) including approximate dimensions in mm*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| Does the candidate have an appropriate level of fitness to climb Broadcast/Communications Structures up to or over 100m in height? |  |
| Does the candidate have any condition that may cause blackouts or dizziness while climbing? e*.g. epilepsy* |  |
| In your opinion, is the candidate fit to climb broadcast/communication structures overall? |  |

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| Any additional comments regarding the health of the candidate that the employer need to be aware of? |
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| Please provide your medical stamp / AHPRA registration number below |

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| Medical professional | |
| Date |  |
| Name |  |
| Signature |  |