

**COMPANY EMERGENCY RESPONSE TEAM COURSE SELF ASSESSMENT CHECKLIST & FITNESS DECLARATION FORM**

This form applies to the following courses:

**WSQ Respond to Fire Emergency in Buildings (2 days course)**

**WSQ Respond to Fire & Hazmat Emergency (3 days course)**

The purpose of the following self-assessment checklist is to find out if you need to go through medical screening before signing up for a CERT course. Please read the questions carefully and answer each question honestly with a “YES” or a “NO”.

1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES / NO
2	Do you feel pain in your chest when you do physical activity?	YES / NO
3	In the past month, have you had chest pain when you were not doing physical activity?	YES / NO
4	Do you lose your balance because of dizziness or do you ever lose consciousness?	YES / NO
5	Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?	YES / NO
6	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	YES / NO
7	Do you know of any other reason why you should not do physical activity?	YES / NO

If you answered “Yes” to any of the above questions, or if you are not 100% sure of the answer to any of the questions, you will need to go through a medical screening before you can take part in the CERT courses. Please download the information for doctors (Annex B) and the certificate of fitness (Annex C) for your doctor to endorse from SCDF website at [http://www.scdf.gov.sg/content/scdf\\_internet/en/building-professionals/CERT.html](http://www.scdf.gov.sg/content/scdf_internet/en/building-professionals/CERT.html).

If you answered “No” to all of the above questions, you may use this form as a declaration of fitness and sign up for the aboved mentioned course(s) without further medical screening. Please complete the declaration below and submit this form as a declaration of fitness together with your registration form to A-CERTS.

I, \_\_\_\_\_ (full name), NRIC/Fin number \_\_\_\_\_, declare that all information provided is true. I am aware that the CERT courses have physically demanding activities and I will immediately inform the course instructors if I am feeling unwell.

\_\_\_\_\_  
Signature of course applicant

\_\_\_\_\_  
Date