

Declaration of medical conditions & treatments

CONFIDENTIAL

The PFST/HEAT training organized by OTHER SOLUTIONS in which you will participate, includes practical exercises and simulations, which may generate different levels of stress depending on everyone. This **mandatory** document will not result in the refusal of your participation, but requires the trainers to implement the necessary means for the smooth running of the training, and this, in the best conditions of safety for all.

Name and surname:

Date and place of the training:

- Do you have any known medical conditions / history or allergies? YES NO

Specify:

- Do you have any heart, pulmonary, or other conditions that may be triggered or accentuated during potentially stressful situations? YES NO

Specify:

- Are you taking any medical treatment and if so, which one?

I declare:

- To understand that it is my responsibility to inform OTHER SOLUTIONS, prior to the training, of any history / medical condition such as: heart, lung, blood pressure, etc. ... but also any history of trauma such as: robbery situation, assault, etc. ...

- Commit myself to respect all the instructions given by the teaching team during the training, the respect of the stated rules being compulsory.

I understand that this training does not include health or liability insurance for attendees;

I consider myself able and fit to follow this training follow the training offered by OTHER SOLUTIONS and certify that I have stated declared my medical history, treatments and allergies (*if applicable*);

I have carefully read and fully understand this declaration and sign it freely and voluntarily;

OTHER SOLUTIONS, assumes no responsibility for for any material and/or physical harm that may occur during the training.

Signature:

These information are confidential and will not be shared with your employer.