



MEDICAL EVALUATION FORM

- This form is to be filled out by the candidate and mail it to training@iracs.org along with examination and certification application form.
- Scan legibly.

To be completed by candidate:

Name						Affix passport size Photo here
Surname						
Date of birth	Day / Month / Year	Age		Gender	M / F	
Email						
Address						

The information given by the candidate will be kept confidential by IRACS.

Do you suffer / earlier under medication for any of the following symptoms?

Symptoms	Yes	No	If yes specify
High / low blood pressure			
Acrophobic			
Diabetes			
Asthma or shortness of breath			
Heart related problems			
Nervous disorders			
Any hearing disability			
Back or disc related problem			
Visual problems			
Vertigo			
Epilepsy or blackouts			
Anemia			
Drug / alcohol addiction			
Mobility problems			
Any other Phobia			

Candidate Name	Signature



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Do you have any allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes explain		
Are you currently under medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes explain		
Lost time from work of at least 2 weeks during past one year due to injury or illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes explain		
Are you currently under doctor's care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes explain		
Have you undergone surgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes explain		

Declaration: I declare that all the information I have provided is correct. If any of my circumstances change in regard to my health conditions on this form, I will immediately inform to IRACS. I also understand that, in the event of a false statement being made in this form, any certification awarded as a result of success in the examination will be null and void.

Candidate Name	
Surname	
Signature	
Date	



MEDICAL EVALUATION FORM

To be filled by the examining medical practitioner:

Candidate Name					
Surname					
Date of birth	Day / Month / Year			Gender	M / F
Age		Height		Weight	

Hearing		Vision		Corrected vision		Colour vision	
L	R	L	R	L	R	Normal	Abnormal

Cardiac evaluation					
Before exercise		Immediately after exercise		After brief period	
Bp	Pulse	Bp	Pulse	Bp	Pulse

Physical findings	Recommendations

Approval for rope access activity

- Approved
- Not approved
- Approved under following restrictions

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Medical practitioner name			
Signature		Date	
Hospital / Clinic			
Address & contact number			