

## DEFENCE FIRE &amp; RESCUE SERVICE

**STATEMENT OF RECENT HEALTH CIRCUMSTANCES**

This form may be completed electronically or by hand

**Individual Declaration**

To ensure that you have continued to remain fit for firefighting duties and to undergo physical training please complete the following and pass it back to your line manager.

Surname		Forenames	
Role Level		Staff/Service No	
Station/Office		Watch (if applicable)	

<p>I confirm that I</p> <p>a.* have            or b.* have not</p> <p>suffered from any illness, injury or other medical condition since my last Operational Fitness Assessment</p> <p>My last Operational Fitness Assessment was on:</p> <p>* Delete as necessary or radio button if using electronic format</p>	
Individuals Signature:	Date:

**Line Managers Certification**

<p>To the best of my knowledge:</p> <p>a.* The individual named above has not taken any sick leave or suffered from any illness, injury or other medical condition since his/her last Operational Fitness Assessment.</p> <p>b.* The individual named above has suffered from an illness, injury or other medical condition since their last Operational Fitness Assessment and has been referred to OH for re-assessment and</p> <p>c.* An updated Operational Fitness Assessment Report is attached.</p> <p>(* Delete as necessary or radio button if using electronic format)</p>	
Line Managers Signature	

Surname		Forenames	
Rank/Grade		Staff/Service No	
Station/Office			

Once completed this form is to be returned to the originator, who is to take it to DFTDC and present it to the course instructor on the first day of the course. A copy is to be forwarded to PPPA for inclusion on the individual's personal file.