



Statement of Physical Fitness(GWO)

This statement contains the physical demands that may be experienced during our courses. This form must be completed by a qualified physician concerning your health and then submitted along with the 'NSTC Training Medical Screening and Self-Declaration of Fitness Form'; both required before training.

Contents of Training	
Work at Height	Students will demonstrate evacuation and rescue equipment handling at a height of up to 12. When conducting escape and rescue exercises at height. In this training you may be affected by physical impact.
Manual Handling	Delegates will demonstrate lifting/carrying a 15kg weight and the transport of a 30kg dummy.
First Aid	Delegates participate in First Aid Training including CPR (Cardio Pulmonary Resuscitation) on a training mannequin and use of an AED.
Fire Awareness	Delegates are required to use a fire blanket and a range of fire extinguishers to extinguish small to medium fires at close proximity. Delegates will have to carry portable extinguishers to extinguish the fires. Evacuation from a smoke filled space.
Sea Survival	Delegates participate in Sea Survival Training with life vests in a heated indoor pool; consisting of: water entry from 1m, swimming/ towing other delegates, climbing in/out of a life raft from water, boat transfer etc. Being winched from water employing a helicopter rescue strop will be employed as well.

Delegate's Information							
Name				Date of Birth	Y: M: D: _____		
Medical Concern (Below to be completed by physician .)							
Blood Pressure	Sys	Dia	Pulse	Height	cm	Weight	kg
Respiratory		Normal	Problematic	Cardiovascular		Normal	Problematic
Motor Function		Normal	Problematic	Otological		Normal	Problematic
Neurological		Normal	Problematic	Other Complications		Normal	Problematic
Please give details if any "Problematic" conditions from the above are found. (Use back of page if further explanation is required)							
I verify that this individual is fit to undertake training <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Yes / No</div>		Physician 's name: _____ Organizations' Name: _____ Address: _____				Date of examination: Y: M: D: _____ Telephone: _____	

*This document is valid for one year after completed by a qualified physician.



Physician's Additional comments
(This space provided for further details, concerns and/or special criteria needed)



GWO Health Questionnaire/GWO

Please select the “YES” or “NO” field on the right as the item listed applies to your health or not.

If “YES” applies to your health status, please describe in line ⑩. (example, [②Antihypertensive medication; Alderat CR20], [④Hypertension])

Item	YES	NO
① Have you been under surgical intervention/Hospitalization now or recently?	<input type="checkbox"/>	<input type="checkbox"/>
② Do you currently take medication that may impair you during training?	<input type="checkbox"/>	<input type="checkbox"/>
③ Have you suffered from diseases related to respiratory the system (Including asthma, pneumothorax, emphysema etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
④ Have you suffered from cardiovascular diseases such as angina pectoris, myocardial infarction, hypertension, arrhythmia?	<input type="checkbox"/>	<input type="checkbox"/>
⑤ Do you have any conditions (including paralysis, joint diseases and rheumatism) such as a motor function that prevents movement during training and that may in addition affect wearing a helmet or a life jacket?	<input type="checkbox"/>	<input type="checkbox"/>
⑥ Do you have any conditions related to otolaryngology (including otitis media, external auditory meitis, hearing loss, sinusitis)?	<input type="checkbox"/>	<input type="checkbox"/>
⑦ Do you have any conditions related to the nervous system (including epilepsy, depression, anxiety, panic syndrome and other neurosis)?	<input type="checkbox"/>	<input type="checkbox"/>
⑧ In addition to the above, please answer the following		
· Skin conditions and allergies	<input type="checkbox"/>	<input type="checkbox"/>
· Conditions related to digestive system such as gastrointestinal tract	<input type="checkbox"/>	<input type="checkbox"/>
· Conditions related to amblyopia or other eye conditions	<input type="checkbox"/>	<input type="checkbox"/>
· Dizziness, lightheadedness	<input type="checkbox"/>	<input type="checkbox"/>
· (Near) Drowning experience	<input type="checkbox"/>	<input type="checkbox"/>
· Fear of water	<input type="checkbox"/>	<input type="checkbox"/>
· Fear of height	<input type="checkbox"/>	<input type="checkbox"/>
⑨ Last scheduled physical exam, within one year:	Month	Day
<u>※Please send a copy if there were any abnormal findings that may affect training.</u>		
⑩ If you have any concerns regarding the above or other information that may be a concerning for this training, please state here.		

⑪ Please select the best description below concerning your swimming ability:

☐ I can swim

☐ I am not a strong swimmer

☐ I cannot swim

I verify that the above
is true

Year Month Day

Signature: _____



GWO Basic Training Self-Declaration of Fitness

Personal health shall be managed as your own responsibility and the training provider shall not bear any responsibility for injuries/ illnesses during and after training.

This health declaration form must be completed and submitted to the training provider before the commencement of training.

Name	Company's Name
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The following conditions may pose life threatening risk when participating in GWO basic safety training.
Asthma and other respiratory diseases
Epilepsy, fainting, and other similar conditions
Angina and other heart complications
Dizziness and other inner ear disturbances (difficulty of equilibrium, etc.)
Fear of closed spaces and/or High Places
Blood pressure disorders
Diabetes
Pacemakers and implantable defibrillators
Musculoskeletal disorders, arthritis, osteoarthritis and/or other movement restrictions
History of allergies (eg bees, spiders and other bites or stings)
Under surgical intervention/Hospitalization now or recently
Other health conditions that may be affected by physical stresses due to climbing

I understand that the above conditions are health conditions which may pose life-threatening risks during training and declare here that I am of a healthy body and that I can participate in GWO basic safety training.

I declare that there are no factors to impede participation in GWO basic safety training or affect the execution of training.

I agree to follow all instructions during training period of the instructor.

If there is any doubt by the training provider concerning my health status, I understand that the training provider will stop training and seek advice from a doctor.

Name _____ Date _____



GWO Training Consent Form/GWO 訓練に関する同意書

1. I understand that I will be involved in the following activities that take place during training:
 - (1) Sea Survival Training with life vests (water entry from 1m, swimming, climbing in/out of a life raft from water, winched from water by rescue strop (Module: Sea Survival).
 - (2) First Aid Training including CPR (Cardio Pulmonary Resuscitation) (module: first aid)
 - (3) Initial fire fighting training using fire extinguishing equipment (Module: fire fighting and fire prevention)
 - (4) Evacuation from a smoke filled space. (Module: fire fighting and fire prevention)
 - (5) lifting/carrying a 15kg weight and the transport of a 30kg dummy. (module: manual handling)
 - (6) evacuation and rescue equipment handling at a height of up to 12. (module: high altitude work)
2. I understand there are risks associated with this training and I take full responsibility for any injuries and/or losses that may occur to me or others due to my negligence during training
3. I enter into this training with a positive attitude and responsibility towards the health and safety of others.
4. I understand that I will not obtain my certificate if I do not participate in all sections of this training (Lecture and Practical).
5. I give the staff full permission without repercussion from me or anyone associated to me to administer First Aid and will follow all directions given in the event of an emergency

Expected date of training: Y _____ M _____ D _____ ~ Y _____ M _____ D _____

Date : Y _____ M _____ D _____

Signature: _____

※ You may elect to not participate in any part of this training even though all aspects of this training must be completed to fulfill the required assessment. This includes but not limited to the lecture, Test and practical application sections.

Your Privacy Matters to Us

At NSTC (Nippon Survival Training Center), we are committed to protecting your privacy. We respect your privacy and want you to understand how we safeguard your personal information.

How We Collect Your Information

We collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through your company's representatives.

How We Use Your Information

We use your personal information to provide the products and service you or your company requests, which includes:

- Creating training certificates
- Maintaining a record in our training database
- Creating invoices and receipts

We may be required to share or distribute your personal information to third party organizations that require your information in order for NSTC to issue certification.

- The Certification Body of specific training
- Insurance company
- Your employer
- Relevant company requiring your training history

We may use your information internally to create statistical reports that help us understand the needs of our clients and help us manage our business.

Security

NSTC will not release your personal information to any person or organization that is not reasonably involved in the delivery of your requested service or product.

- Paper files containing your personal information are secured (locked storage) as soon as processing is completed. These files are kept for a period of five years and then destroyed.
- Electronic files are backed up daily. If not updated, your personal information will automatically be deleted after five years.

Your Right to Access Your Information

You have a right to access the personal information that we have about you in your file. If we have information that is not correct, you can have it corrected. To access your information or to ask us to correct information, you can contact us at:

- 2-6-27Ginza, Tobata-ku, Kitakyushu-shi, Fukuoka-ken, 804-0076, Japan
 - TEL : +81-93-884-2020
 - info@n-s-t-c.com
- or in person / writing

Consent

Do you understand and consent to Nippon Survival Training Center gathering your personal information for the purposes described above? If yes, please sign below.

Print Name: _____ Date: _____

Signature: _____

Concent form for Training on Infection Agreement

I understand the following conditions regarding infection order to join the training

(1) The training may be cancelled or partially cancelled due to any situation including spread of infection, test positive for infection, or any other unavoidable reasons.

(2) In case the training is cancelled due to (1) above, delegates who have not completed the training will attend the same training planned alternately by NSTC at a later date. If the alternative training dates are not available, the course fee will be refunded. No refunds will be made for expenses other than the course fee (travel, accommodation, etc.).

(3) If you are infected with infection or suspected to be infected as having following symptoms, (Current or recurrent onset of cold-like symptoms such as fever, cough, sore throat, taste disorder, etc.) you will not be allowed to participate in the training.

(4) If you are found to be in poor health condition during the course (fever of 37.5°C or higher, cold-like symptoms, etc.), you will not allowed to attend the training.

Training Course	
Expected date of training	年 月 日 ~ 年 月 日
Company Name	
Name(PrintSignature)	

ver.2023.05.08



Nippon Survival Training Center