



Office of the Fire Commissioner
Manitoba Emergency Services College



MEDICAL CLEARANCE FORM

(Please ensure this information is legible or the form will be returned)

For courses with strenuous practical work, candidates may be required to obtain permission from their doctor before participating. The Emergency Services College reserves the right to request this Medical Clearance Form prior to candidates being allowed to participate in any training or testing. Please explain to your doctor what type of training or testing you will be expected to perform.

This form is to be completed by your Medical Doctor

This is to certify that I have examined:

(Candidate Name - Please Print)

and they are physically fit to participate in:

(Name of Activity)

Signed this _____ day of _____, 20____

Doctor's Name (please print)

Doctor's Signature

Candidate's Name (please print)

Candidate's Signature

With some courses, the Manitoba Emergency Services College will be monitoring candidate's vital signs. If the Instructor determines a candidate does not meet the predetermined clinical criteria they will be asked to leave the course. The decision of the Manitoba Emergency Services College in this type of situation will be final.

PLEASE PHOTOCOPY FOR ADMINISTRATIVE USE