



“Training to Save Lives”

MEDICAL CLEARANCE FORM

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For courses with strenuous practical work, students may be required to obtain permission from their doctor before participating. The Manitoba Emergency Services College reserves the right to request this Medical Clearance Form prior to student 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:

(Student Name - Please Print)

and is physically fit to participate in:

(Name of Activity)

Signed this _____ day of _____, 20_____

Doctor's Name (please print)

Doctor's Signature

Student's Name (please print)

Student's Signature

With some courses, the Manitoba Emergency Services College will be monitoring student's vital signs. If the Instructor determines a student 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.

