



# ATLANTIC PETROLEUM TRAINING COLLEGE NS LTD. FITNESS CERTIFICATION

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_

This form provides assessment of medical fitness for our training program. This form is for training only and not a hiring or job placement medical. **This applicant will undergo strenuous situations both physically and mentally for sustained periods of time.**

**EXAMINING PHYSICIANS OPINION:** Has this person ever had or consulted a doctor for any of the following:

|   | YES   | NO    |
|---|-------|-------|
| 1. Brain or nervous systems such as epilepsy, fainting spells or nervous disorder?  | _____ | _____ |
| 2. Respiratory system such as bronchitis, pleurisy, asthma, hay fever?  | _____ | _____ |
| 3. Heart or blood vessels such as a heart murmur, coronary, angina, increases in blood pressure, rheumatic fever or stroke? | _____ | _____ |
| 4. Bones or joints such as rheumatism, arthritis, gout, slipped disc. or other back problems?                               | _____ | _____ |
| 5. Is this person currently taking prescription medication that would affect their ability to partake in this training?     | _____ | _____ |
| 6. Is this person physically and mentally fit to participate in the Atlantic Petroleum Training College Oilfield Programs?  | _____ | _____ |
| 7. Is this person unfit for this program temporarily?   | _____ | _____ |
| 8. Is this person unfit for this program permanently?   | _____ | _____ |

Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Physicians Last Name (print) \_\_\_\_\_

Physicians Signature or Stamp: \_\_\_\_\_

Physicians Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## CONSENT FOR RELEASE OF INFORMATION

I \_\_\_\_\_ of \_\_\_\_\_ authorize  
(name) (address)

Dr. \_\_\_\_\_ to communicate the above information regarding  
(name of examining physician) my fitness to Atlantic Petroleum Training College Ltd.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

If there are any other questions or if there is a specific concern with regards to this fitness certification, please contact Atlantic Petroleum Training College.

40 Mount Hope Ave.  
Woodside Ocean Industries Park  
Dartmouth, Nova Scotia  
B2Y 4K9  
902-442-0119 Phone  
888-442-0116 Toll Free  
902-442-5271 Fax  
aptc@sstl.com E-mail