Toughest Firefighter Alive Namibia

ENQUIRIES:

Estelle Hein 081 786 7703 / Colleen Matiti 081 868 0828

tfanamibia@windhoekcc.org.na

MEDICAL CERTIFICATE

Particulars of Medical Practitioner

Surname	
Name	
ID number	
Region	
Town	
Telephone number	
Email address	
Postal address	
Street address	
Practice registration number	

Particulars of Applicant

Surname	
Name	
ID number	
Region	
Town	
Telephone number	
Email address	
Postal address	
Street address	

Medical Condition

Medical practitioner's assessment of whether the applicant has any of the following conditions that may impair his/her ability to safely participate in the Toughest Firefighter Alive Namibia Competition without posing a risk to himself/herself or others.

Please indicate **Yes** or **No** for each condition.

No.	Disability / Disease / Disorder	Yes	No
1.	Diabetes mellitus requiring medication (including insulin)		
2.	Cardiovascular disease (including coronary artery disease, heart failure, arrhythmias, previous heart attack, or other significant heart conditions)		
3.	History of thrombosis, embolism, or significant clotting disorder		
4.	Respiratory disease or dysfunction (e.g. asthma, COPD, reduced lung function)		
5.	Hypertension (high blood pressure) that is uncontrolled or requires ongoing treatment		
6.	Epilepsy, seizure disorder, or any condition causing loss of consciousness		
7.	Musculoskeletal, neurological, neuromuscular, or vascular disorder affecting physical performance		
8.	Mental health condition, psychiatric disorder, or neurological disorder that may impair safe participation		
9.	Hearing impairment (state whether a hearing aid is required)		
10.	Visual impairment not adequately corrected with spectacles or contact lenses		
11.	Impairment affecting the use of an arm, hand, fingers, leg, foot, or spine		
12.	Amputation or loss of a limb (specify whether a prosthesis is used)		
13.	Alcohol dependence, substance abuse, or misuse of narcotics, amphetamines, or other habit-forming drugs		
14.	Any other medical condition or disability that may affect the applicant's ability to safely participate		

If the answer to any of the above is "Yes", please provide full details, including the diagnosis, treatment, current status, and whether the condition limits the applicant's ability to participate safely.

Declaration

I, the medical practitioner

1. declare the applicant, for the purpose of participating in the Toughest Firefighter Alive Namibia Competition, as medically fit / medically unfit (mark appropriate one);
2. declare that all the particulars furnished by me in this form are true and correct; and
3. realise that a false declaration is punishable with a fine or imprisonment or both.

Signed on this _____ day of _____ in _____.

_____ _____

Signature of medical practitioner **Date**

Stamp of medical practitioner