



Kananaskis Emergency Services Medical Self Assessment Form

Your name, phone number, home address, postal code, education and medical information are collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. It will be used in the review of your application for employment with Kananaskis Emergency Services and will be kept on file for the duration of your employment as per department records management policies. If you have any questions about the collection, contact Kananaskis Emergency Services: Box 70, 1 Boundary Road Kananaskis AB T0L 2H0 or at 403.591.7755

Please complete the following questionnaire to assess your suitability to complete the Candidate Physical Assessment safely. Should you have any questions, or answer 'YES' to any of the questions, please contact us to discuss the matter further.

Office Use Only

The candidate has been deemed suitable to participate YES NO
 Officer: _____ Signature: _____ Date: _____

Section A - Demographics

Last Name	First Name
Address	City/Town Postal Code
Phone Number	Email

Section B - Questionnaire

Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?	YES	NO
Do you have chest pain brought on by physical activity?	YES	NO
Have you developed chest pain at rest in the past month?	YES	NO
Have you developed shortness of breath under minimal physical exertion in the past month?	YES	NO
Do you lose consciousness or balance as a result of dizziness?	YES	NO
Do you have a musculoskeletal problem that could be aggravated by prescribed activity?	YES	NO
Is your doctor currently prescribing medication for your blood pressure or heart condition?	YES	NO
Are you or have you been pregnant within the last six (6) months?	YES	NO
Are you aware, through your own experience or a doctor's advice, of any other reason against your exercising without medical approval?	YES	NO

By signing below, I _____ confirm that the information provided above is truthful and factual to the best of my knowledge. I understand that falsification of this document will result in the automatic termination of my position and will indemnify Kananaskis Emergency Services from any ill affects sustained while participating in the Candidate Physical Assessment.

Signature _____ Date _____