

# Medical Clearance Form Lakeshore Technical College Hazardous Material Training Programs



Company Name \_\_\_\_\_

Company Representative \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Employee's Name \_\_\_\_\_

Name of Class \_\_\_\_\_

Date of Class \_\_\_\_\_

Your employee is enrolling in a training class, which will include the use of a respirator and may include the use of Personal Protective Equipment (PPE) and full "dress-out" in Chemical Protective Clothing (CPC). Medical clearance is required prior to this training.

Training activities are potentially stressful. Use of CPC involves wearing an airtight and watertight fully encapsulating protective suit, which weighs up to 25 pounds. The Self-Contained Breathing Apparatus (SCBA) may weigh up to 35 pounds and is carried by shoulder straps on the back. Trainees may be required to wear a respirator and full CPC for up to one-half hour at a time and perform heavy work tasks such as maneuvering 55-gallon drums or shoveling dirt. This may take place in heat or cold, indoors or outdoors. Additional information about the training activities can be obtained by contacting the Interim Dean of Workforce Solutions at 1.888.GO TO LTC (1.888.468.6582), ext. 1297 or bill.persinger@gotoltc.edu.

It is important that your employee be assessed regarding his or her ability to fully participate in the training activities. OSHA requires a medical evaluation for those employees required to wear a respirator (29 CFR Part 1910.134). OSHA also requires a medical evaluation for all personnel designated in [29 CFR Part 1910.120(f)].

<p>Participant understands that there are certain dangers, hazards, and risks inherent in the activity. In certain circumstances, these dangers can include damage/destruction to property, severe bodily injury, and even death.</p> <p>Company Initials: _____ Participant Initials: _____</p>	<p>Participant agrees to exercise reasonable care at all times with respect to participant's own safety and with respect to the safety of others. Participant agrees to abide by all rules, policies and procedures of the colleges. Participant has no health-related issues that would preclude or restrict participation in the Activity.</p> <p>Company Initials: _____ Participant Initials: _____</p>
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***Accordingly, participant, on behalf of him/herself, the participant's spouse (if applicable), the participant's heirs, assigns, related individuals and related entities, does hereby WAIVE, RELEASE, AND DISCHARGE the COLLEGE, including its Board of Trustees/Directors, administrators, officers, employees, teachers, agents and insurers, from any and all claims, causes of action, suits, damages, or liabilities sounding in negligence, which the participant has, shall have, or may have in the future against the COLLEGE arising out of, based on, related to, or connected with, the Participant's enrollment and participation in the Activity.***

Company Initials: \_\_\_\_\_ Participant Initials: \_\_\_\_\_

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**This Agreement and Release shall be governed by the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under, or incident to, this Agreement and Release.**

- As the participant (employee), I acknowledge that I have medical clearance to participate in all training activities being provided by LTC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**As the employer, it is your responsibility to assure that an appropriate medical evaluation and physical examination has been completed, and reviewed with your employee.**

**I have reviewed the expectations of the training with my employee and acknowledge by signing that the appropriate medical evaluation/physical examination results are on file at my company to support that this employee is:**

- Medically fit to participate in training activities using personal protective equipment, CPC, including respirators without restrictions.
- Medically fit to participate in training activities with the following restrictions. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Company Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Lakeshore Technical College  
Workforce Solutions  
1290 North Avenue  
Cleveland, WI 53015-1414

*Completed form should be mailed or faxed to Lakeshore Technical College (920.693.1314) prior to the first day of training. Duplicate and complete this form for each participant. Failure to complete this form will limit training activities of an employee.*