

ERGT accepts the below categories of medicals for training. If you are unsure if your medical meets these requirements, please contact ERGT. If you do not have a current medical, you may use the ERGT HUET Medical (on the following page) which can be completed by any General Practitioner (GP).

Please email your completed medical 48 hours prior to your course to info@ergt.com.au

Accepted Medicals:

- ERGT or alternative HUET Medical (e.g. Medibank HUET Medical)
- Offshore Medicals (e.g. OGUK/UKOOA) or medicals that state fit for offshore work
- Maritime Medicals (e.g. AMSA, Maritime NZ, Norwegian Maritime Directorate)
- Aviation Medicals (e.g. CASA, UK CAA, FAA)
- Commercial/Occupational Dive Medicals (e.g. UK HSE, ASNZ 2299)
- Military or Emergency Response Services Medicals (e.g. police, fire service, ambulance, coast guard)
- Company Medicals that state fit for remote work, Emergency Response Team (ERT), offshore survival/HUET training or similar
- Employment Medicals that include a functional assessment and have no restrictions noted that would impact on training activities
- Safer Together Industry Medical Health Practitioner Sign Off
- SHELL Company Medicals signed by a Paramedic or Nurse

All Medicals Must:

- Have all fields completed
- Be within the medical **expiry date/validity period** of the medical for the **duration of the course**
 - Medicals that do not have an expiry date or validity period will be accepted as a 2 year validity
- Be **signed** by the examining **Medical Doctor** (electronic signatures are acceptable)
- Have the examining Doctor's/Clinic's **stamp** or **contact details**

Helicopter Underwater Escape and Offshore Safety Induction Training

Training and assessment activities may include physically demanding and potentially stressful elements. All personnel who participate in a HUET/OPITO course must be physically/mentally capable of full participation.

Physical Components of HUET/OPITO Courses

Helicopter Underwater Escape	Trainees will be inverted and rotated in a HUET simulator (minimum 2 times), whilst wearing a seatbelt. They will also be required to escape from the simulator whilst underwater in a heated pool. Trainees may also be required to fit and wear a survival suit and use a re-breather escape set.
Compressed Air Emergency Breathing System (CA-EBS)	Trainees completing CA-EBS training will be required to use a compressed air breathing system in water. The activities will be conducted in the pool and trainees will be required to breathe underwater for a maximum of 30 seconds at depth not exceeding 0.7m.
Basic Fire Fighting and Smoke Escape	Trainees may be required to use a fire blanket, hose reel and range of fire extinguishers (9-12kg) to extinguish small fires. Trainees may be required to don a smoke escape hood and move through cosmetic smoke and darkness in three 10 min exercises.
Lifeboat Evacuation and Sea Survival	Trainees may be required to climb three flights of stairs, don a personal floatation device and board an enclosed lifeboat. The lifeboat is lowered into a pool and trainees remain inside for up to 45 minutes. Trainees will participate in a 60–90 minute pool exercise focused on sea survival skills and techniques, including: water entry (from one metre), swimming and towing other trainees, treading water, climbing in and out of a life raft and being winched from the water using a helicopter rescue strop.
First Aid	Trainees will be required to perform Cardio Pulmonary Resuscitation (CPR) kneeling for up to 5 minutes.

PERSONAL DETAILS

Name: Date of Birth:

Address:

MEDICAL EXAMINATION (all fields must be completed)

Height (cm):	<input type="text"/>	Abdomen:	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Weight (kg):	<input type="text"/>	Musculo-skeletal:	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Blood Pressure:	Sys. <input type="text"/> Dia. <input type="text"/>	Cervical spine:	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Pulse:	<input type="text"/>	Lumbar spine:	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Cardiovascular:	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Ears & Sinus:	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Respiratory:	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Skin:	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>

Information **must** be provided for items marked abnormal. Include/attach relevant additional observations:

In my professional opinion as a Doctor, I certify that this individual is:

FIT <input type="checkbox"/>	UNFIT <input type="checkbox"/>
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to undertake the above described training activities

Examination Date:
(valid for 6 months)

Doctor's Name:

Doctor's Signature:

Doctor's Details: