

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](mailto:info@ergt.com.au)

**Accepted Medicals:**

- ERGT or alternative HUET Medical (e.g. Medibank HUET Medical, IFAP 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

**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 seat-belt. 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:                              | <input type="text" value="Normal"/> | <input type="text" value="Abnormal"/> |                                       |
| Weight (kg):    | <input type="text"/>                                | Musculo-skeletal:                     | <input type="text" value="Normal"/> | <input type="text" value="Abnormal"/> |                                       |
| Blood Pressure: | Sys. <input type="text"/> Dia. <input type="text"/> | Cervical spine:                       | <input type="text" value="Normal"/> | <input type="text" value="Abnormal"/> |                                       |
| Pulse:          | <input type="text"/>                                | Lumbar spine:                         | <input type="text" value="Normal"/> | <input type="text" value="Abnormal"/> |                                       |
| Cardiovascular: | <input type="text" value="Normal"/>                 | <input type="text" value="Abnormal"/> | Ears & Sinus:                       | <input type="text" value="Normal"/>   | <input type="text" value="Abnormal"/> |
| Respiratory:    | <input type="text" value="Normal"/>                 | <input type="text" value="Abnormal"/> | Skin:                               | <input type="text" value="Normal"/>   | <input type="text" value="Abnormal"/> |

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 | <b>FIT / UNFIT</b><br>(Circle or Delete)    | to undertake the above described training activities | <b>SIGN HERE</b>                    |
| Date of Examination:<br>(valid for 6 months)                              | <input type="text" value="DD / MM / YYYY"/> | Doctor's Contact<br>Details / Stamp                  | <b>STAMP or<br/>CONTACT DETAILS</b> |