Exercise BARRON 2022 - BIA

EXERCISE ROLE PLAY / CASUALTY SELECTION / REGISTRATION CHECK LIST

Please email back to admin@broomeair.com.au once complete.

(To be completed by each person participating in the exercise as a Role Player / Casualty.)

This checklist has been designed as a means of identifying any possible health conditions and situations that may stop you participating as a volunteer casualty in an emergency exercise.

Please present this form when completed to the Role-play Manager.

Strict confidentiality will apply to any documentation presented.

Name: …………………………………………………………………………………………….

Address: ………………………………………………………………………………………….

Mobile: …………………………………….. Home/Work……………………………………………

Email address: …………………………………………………………………………………..

Age (NOTE – MAY NOT BE UNDER 16) ……………………………………………………....

Special Dietary Requirements: …………………………………………………………………

	Yes	No
Identification available (Photo ID is required)	❑	❑
I have volunteered to participate in Exercise 'BARRON'	❑	❑
I have experienced a significant personal crisis in the last year	❑	❑
I have experienced a major personal incident in the past which is still a sensitive issue for me	❑	❑
I have an existing physical or psychological condition e.g. asthma, epilepsy, blood pressure anomalies, pregnancy, cardiac conditions, depression, back problems or similar condition	❑	❑
If on medication, I understand that I must inform the exercise Role-Play Manager before the commencement of the exercise	❑	❑
I agree to be available for review by medical personnel before the start of the exercise, if necessary	❑	❑

Emergency contact details:

Name: ....

Address: ....

Phone Number: .... Relationship: ....

Details of medical condition and medication: ....

....

Signature at registration of exercise. .... Time: ....

Signature at completion of exercise. .... Time: ....

APEX
Crisis Management