



FIRST AID CERTIFICATE OF ABILITY

Deadline for submission: Race Check In

Instructions:

1. Print this form.
2. A minimum of two competitors per team must have A QUALIFIED INSTRUCTOR (see definition below) sign this certificate.
3. Attach a copy of the instructor's credentials to this certificate.
4. Make a photocopy of the signed certificate for your records and bring the original signed certificate to the Primal Quest Check In. Failure to provide this documentation will result in your ineligibility to compete in PQ 2009. There are no exceptions to this rule.

Definition:

A QUALIFIED INSTRUCTOR is a professional first aid or medical instructor. This professional must include proof of their years of experience/references. The qualified instructor must verify the date and location of the instruction given to the participant and sign this certificate. Certification must take place within one year of the race (after Aug 15, 2009).

Note: Certification in following types of medical training will suffice in lieu of having this form signed: First Aid Training, Wilderness First Responder, EMT, WEMT or Paramedic. Please submit a copy of certifications with your registration forms.

Certification:

I, _____ (Qualified Instructor's Name) hereby certify that
 _____ (Competitor's Name) of team _____ (Team Name)

on _____ (Date) at this location: _____ has the basic

ABILITY to respond to or is competent in the following first aid modules:

- | | |
|---|---|
| <input type="checkbox"/> Scene Assessment | <input type="checkbox"/> Head, Neck and Spinal Injuries |
| <input type="checkbox"/> Conscious/Unconscious Patient Management | <input type="checkbox"/> Soft Tissue Injury |
| <input type="checkbox"/> Basic Life Support | <input type="checkbox"/> Heat/Cold Ailments |
| <input type="checkbox"/> Shock | <input type="checkbox"/> Burns |
| <input type="checkbox"/> Control of Major External Bleeding | <input type="checkbox"/> Drownings and near drownings |
| <input type="checkbox"/> Traumatic Chest Injuries | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Wound Dressing Techniques | <input type="checkbox"/> Eye Conditions |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Infection Prevention |
| <input type="checkbox"/> Limb Injuries – Fractures and Dislocations | <input type="checkbox"/> Poisoning |

By signing this form I, the instructor, assume no liabilities associated with future acts or negligence of the competitor in connection with the representations and opinions I have made herein on this date.

Instructor Signature: _____

Certification of Instructor: _____ Date: _____

Any questions should be directed to Chris Caul at chris.caul@ecoprimalquest.com