



Registration Application

Occupational First Aid Level 1 - COVID-19

Please download this form to your computer to fill in the fields. You must complete this registration form in full and return by email to info@alertfirstaid.com prior to attending your training session.

First Name:	Last Name:	
Mailing Address:		Date of Birth (MM/DD/YYYY)
City, Province:	Postal Code:	Phone Number:
Email Address:		

Under Section E "Certifying OFA Candidates," Workers' Compensation Board advises applicants of the following:

- (1) Candidates for OFA Level 1 or equivalent certification must produce one piece of acceptable photographic identification; and*
- (2) Candidates have the right to refuse to disclose any identification information; however, candidates refusing or failing to provide appropriate identification must not be issued certification.*

The applicant also agrees to abide by the following terms and conditions of certification:

- (a) Follow the principles of first aid treatment as outlined in the Board's Occupational First-Aid training programs that are provided to the attendant when he or she participates in the training program*
- (b) Comply with OHSR and the other responsibilities of attendants in this standard, and*
- (c) Comply with any other terms and conditions provided to the attendant by the training agency when granted certification, or provided to the attendant by the Board at any time*

COVID-19 Questionnaire

1. Have you had any known exposure to COVID-19 or shown any symptoms (including fever, chills, cough, shortness of breath, sore throat, and painful swallowing) in the previous 14 days?
 Yes
 No

If you have answered yes, you must not attend the in-class training. Please contact us at info@alertfirstaid.com or 1-866-282-5378 to reschedule.

Applicant's Signature	Date (MM/DD/YYYY)
-----------------------	-------------------