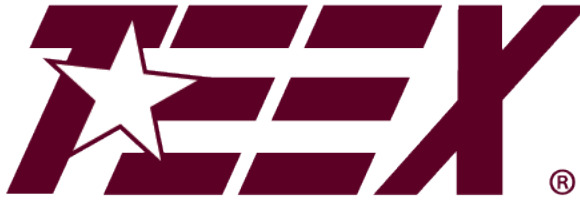


TEXAS A&M ENGINEERING



EXTENSION SERVICE

Lineman Academy

Registration Packet



Dear Participant,

We're ecstatic that you've chosen the electric power industry for your profession and look forward to you attending our TEEX Lineman Academy!

Over the course of the 15-week (480-hour) program, you will be provided a comprehensive training experience that utilizes the best work methods, equipment, tools, and standards. We offer classroom and hands-on field training with a real-world approach delivered by high-quality curriculum, experienced instructors, and specialized equipment and facilities.

Before registering, please review the course syllabus, rules and polices, and frequently asked questions (FAQ) documents on our website at www.teex.org/linemanacademy. These documents will discuss what items TEEX provides for the course and what students will need to bring to the program, along with what topics will be covered for the duration of the program. The FAQ page will hopefully answer any other questions you may have.

To register for the program, please proceed to www.teex.org/linemanacademy. Choose the EPP700 course from the drop down menu and click register. **Please note that full payment is required prior to the first day of the program.

When registering for the program, you will need to supply the following items to TEEX no later than two weeks prior to the start of the program:

- a copy of a valid driver's license (must be 18 years or older)
- a copy of a high school diploma or GED
- a copy of proof of meningitis vaccination
- a copy of an official medical release signed by a physician
- a copy of the Supply Checklist that includes your shirt size and belt size

During registration, please upload the documents above to the [TEEX Student Portal](#).

Thank you for choosing TEEX as your training provider. Please contact me if you have any further questions. We look forward you seeing you in the Academy!

Sincerely,



Len Jenicek
Utilities Training Manager

Christy Van Winkle

Christy VanWinkle
Utilities Administrative Associate
979.845.0974
Christy.VanWinkle@teex.tamu.edu



Medical Release to Determine Fitness for Lineman Academy

Participant Information:

Participant Legal Name (Last Name, First Name MI)

TEEX Student ID (or last 4 of SSN)

For the medical professional conducting the examination:

The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of a lineman performing the tasks listed below.

The applicant must have the ability to:

- communicate orally and in writing.
- lift items up to 80 lbs.
- grip and operate hand and power tools.
- climb utility poles using proper equipment. (up to 30 feet off the ground)
- work from an aerial device with a max rating of 300 lbs.
- work in adverse/extreme outdoor conditions during field activities.

Examination should include but is not limited to:

Head and Neck	Tumors and Malignant Diseases	Blood and Blood Forming Organs
Eyes and Vision	Chemicals, Drugs, and Medications	Endocrine and Metabolic Disorders
Ears and Hearing	Heart and Vascular System	Psychiatric Conditions
Extremities	Abdominal Organs	Aerobic Capacity
Dental	Gastrointestinal System	Skin
Nose and Throat	Spine and Axial System Auditory	
Lungs and Chest Wall	Neurological Disorders	

For the medical professional conducting the examination to complete:

(Check the appropriate response and sign below.)

Based on the results of this medical examination, the applicant:

___ The applicant **IS** medically fit to participate in the Lineman Academy.

___ The applicant **IS NOT** medically fit to participate in the Lineman Academy.

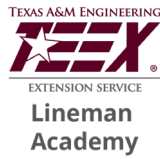
Signature of medical professional

Date Signed

Printed name of medical professional

Office Phone Number

Office Address:



Supplies Checklist

Participant Information:

Participant Legal Name (Last Name, First Name MI)

TEEX Student ID (or last 4 of SSN)

TEEX will provide the following:

A set of climbing and hand tools

Four (4) long-sleeved shirts

**Please fill in your shirt and belt sizes below.

Shirt Size: _____

Belt Size: _____

Participants will provide the following:

(All personal items must be labeled.)

Climbing boots

Backpack or bag to carry supplies

Notepad/spiral journal (with perforated edges for easy tear out)

Pens

Pencils

Highlighters

Scientific calculator

Laptop computer (*optional*)

NOTE: Personal climbing equipment and hand tools are **optional**, but **must be approved** by TEEX staff

Evidence of Vaccination against Bacterial Meningitis

Section A

Purpose of Form: This form may be used by any participant at The Texas A&M Engineering Extension Service in order to satisfy the requirement to submit evidence of a bacterial meningitis vaccination, in compliance with Texas Education Code 51.9191/51.9192 *et seq.* and THECB Rule 21.610 *et seq.*

SECTION A. This section should be completed by the Participant

Participant Last Name: _____ Participant First Name: _____

Telephone Number: _____ Preferred Email Address: _____

Please initial the appropriate statement:

____ My health practitioner has completed and signed Section B of this form as required.

____ I have attached to this form a true and complete copy of proof of immunization or an official record evidencing I have received a bacterial meningitis vaccination dose or booster during the five (5) year period prior to the start of the course or program for which I have applied. Section B (next page) is **not** completed.

____ I have attached an affidavit or certificate signed by a physician who is duly registered and licensed to practice medicine that states the vaccination would be injurious to my health and wellbeing. Section B (next page) is **not** completed.

____ I have attached a conscientious exemption form from the Texas Department of State Health Services. Section B (next page) is **not** completed.

By signing this form, I certify that the information provided is true and accurate. I acknowledge receiving information from the agency about the bacterial meningitis vaccination requirement.

Participant Signature: _____ Date: _____

Evidence of Vaccination against Bacterial Meningitis

Section B

SECTION B. This section must be completed by a licensed Health Practitioner or Designee.

Last/Family Name of the Health Practitioner who administered the vaccination:

First/Given Name of the Health Practitioner who administered the vaccination:

Date of the administration of the bacterial meningitis vaccination: _____

Last/Family Name of the vaccination recipient:

First/Given Name of the vaccination recipient:

Date of birth of the vaccination recipient: _____

By signing this form, I certify that the information provided is true and accurate. Specifically, I certify the following:

- I am a Health Practitioner authorized by law to administer an immunization or I have legal designation to complete and sign this form on behalf of a Health Practitioner authorized by law to administer an immunization.

- The individual who administered the bacterial meningitis vaccination to the Participant named above is or was a Health Practitioner authorized by law to administer an immunization.

- The bacterial meningitis vaccination was administered to the individual named above by the Health Practitioner named above and on the date provided above.

Health Practitioner or Designee Signature: _____ Date _____

License Number: _____ Phone: _____