

# **FIREFIGHTER 1 / FIREFIGHTER 2 REGISTRATION PACKAGE**

## **MEDICAL EVALUATION**

The Monmouth County Fire Academy requires all Firefighter 1 / Firefighter 2 candidates to be medically evaluated prior to enrollment. This form must be completed by a Physician.

### **Firefighter Candidate**

\_\_\_\_\_  
First Name (print)

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last Name

### **Physical Expectations**

The above-named Firefighter Candidate will be attending an intense physically and psychologically demanding firefighter training course for the purpose of serving as a Firefighter in his or her community. Some of the activities the Candidate will participate in include but are not limited to:

- Wear approximately 50 pounds of personal protective equipment (PPE) including self-contained breathing apparatus (SCBA) while performing various physically and psychologically demanding firefighting tasks.
- Crawl on hands and knees for distances of several hundred feet in severe heat and smoke-filled environments while wearing full PPE and SCBA.
- Conduct fire suppression evolutions such as advancing and operating hose lines while wearing full PPE and SCBA in severe smoke and heat conditions.
- Climb and operate from ladders at heights of 3 stories and more and execute transfers into and out of windows and onto and off roofs.
- Operate with hand and power tools that can cause severe injury to the operator.
- Conduct operations in extremes of weather for extended periods of time.

### **Physician Review**

I have carefully examined the information provided above. After performing a medical evaluation and consulting with the above-named Firefighter candidate, I declare the candidate medically cleared for participation in the Firefighter 1 course without limitations.

\_\_\_\_\_  
Physician first and last name (Print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Exam Date

Please place office stamp / seal in this box