

Medical Evaluation Section

This section must be completed in its entirety regardless of what other documentation the department submits. A physician / practice stamp AND DATE of the medical evaluation is required on this document.

Firefighter Candidate Name

Course Start Date

This section is to be completed and stamp-verified by a Physician or other Licensed Health Care Professional (PLHCP).

The above student will be attending a physically demanding and intensive training program for the purpose of serving as a Firefighter in his or her community. The activities that the above candidate will have to perform will include the following activities:

- The student will be required to wear approximately 50 pounds of personal protective equipment including self-contained breathing apparatus, and perform various physically demanding tasks such as advancing hoselines, crawling in smoke while executing a search, and climbing ladders, for up to 1 to 2 hours at a time (with breaks made available during that time frame).
- While wearing the above personal protective equipment and carrying various tools, the student will be required to crawl on hands and knees for distances of several hundred feet in a smoke filled environment while wearing protective breathing apparatus.
- The student will be required to perform fire suppression techniques while wearing personal protective equipment and self-contained breathing apparatus in environments that are Immediately Dangerous to Life and Health (IDLH), to include smoke and high heat.
- While wearing personal protective equipment, the student will be required to advance charged hose lines up and down several flights of stairs.
- The student while wearing personal protective equipment will be required to operate from ladders at heights of 3 stories and transfer from the ladder into and out of windows and onto or off of roofs.
- This program attempts to replicate real-world fireground conditions while providing for student safety. Nevertheless, it is imperative that the student be physically fit for this program and capable of wearing self-contained breathing apparatus under such settings. Heart attacks are a leading killer of firefighters, so a medical evaluation before such activities is a must.

After reading the above description of the required training, it is my opinion that the firefighter candidate listed on page 1 of this Medical Evaluation section is physically fit for participation in the Monmouth County Fire Academy's Firefighter Basic Training Program that begins on the date specified above. A physician stamp and date of the medical evaluation is required.

Signed,

Physician or other Licensed Health Care Professional (PLHCP) Signature and Date

Office Address and Phone Number

Place Physician stamp here

Date: _____