



PLEASANT VALLEY FIRE DISTRICT FIREFIGHTER MEDICAL CLEARANCE FORM

(Issued by Primary Care Physician)



Name of Member: _____

BADGE / ID #: _____

Date of Examination: _____

Practitioner Please Note: A comprehensive firefighter physical examination should evaluate a member's cardiovascular, pulmonary and overall health, as well as his or her physical fitness, and should include an EKG, Pulmonary Function Test, visual acuity, urinalysis, CBC & Chemistry, lipid profile, hearing evaluation, vital signs, and physical examination.

Please also consider the fact that firefighting may occur in extreme weather conditions.

Patient may perform the duties of a support member, including: (Please Circle)

Lifting	YES	NO	Weight Limit: _____
Operating Fire Apparatus Pump	YES	NO	
Performing Traffic Control	YES	NO	
Classroom Training	YES	NO	
Rendering Patient Care	YES	NO	
Driving Emergency Vehicles	YES	NO	Must have at least 20/40 Vision

Patient is Cleared as a Support Firefighter: YES NO

In addition to the above, patient can perform the duties of an exterior firefighter, including, but not limited to the following: (Please Circle)

Lifting and Operating Heavy		
Rescue Equipment (up to 80 lbs.)	YES	NO
Climbing Ladders	YES	NO
Hauling Pressurized Fire Hose	YES	NO

To be medically cleared as an Interior Firefighter and wear Self Contained Breathing Apparatus (SCBA) the member must have **NO** History of: CAD or Prior MI, Implantable Defibrillator, CVA, Seizure Disorder, IDDM with any hypoglycemic episodes in the past 5years, COPD, or ANY risk factors of sudden incapacitation.

Patient is Cleared as an Interior Firefighter: YES NO

Age: _____ Height: _____ Weight: _____ Resting B/P: _____ Resting Pulse: _____

Examining Physician, PA or NP: _____ Contact Number: _____

Physician Address: _____

Physician Signature: _____