

Private Physician Medical Clearance

Medical Clearance Form Barkhamsted Fire District

Name:

Position: Interior Fire Fighter

Respiratory Clearance

OSHA worker safety regulations (CRF 1919.134, section b, part 10) require periodic review of fire fighters medical ability to use respiratory devices.

The Fire Department requires firefighters to utilize a positive pressure self-contained breathing apparatus in hazardous or potentially hazardous atmospheres. These units weigh about thirty pounds, and are carried on the back. A tube carries fresh air through both the mouth and nose. They are often used in hot dark conditions of a fire while performing strenuous physical tasks.

Understanding the likely use of respiratory protection by the volunteer Fire Fighters, and having performed a medical evaluation of the above named individual, I hereby deem said individual fit to use respiratory protection in the performance of his/her duties.

Comments:

Physician Signature: _____ Date: _____

Medical Clearance

OSHA law (CFR 1910.156, Section b, part 2) mandates that firefighters expected to perform interior structural fire fighting duties are physically capable of performing said duties.

All line fire fighters are required to be capable of performing the strenuous and mentally challenging tasks associated with attacking a fire inside a building. Work such as dragging water-filled hoses or limp bodies of victims, and chopping with an ax may have to be carried out under high heat conditions with limited visibility while wearing thick protective clothing. The need to perform this activity usually arises suddenly, often during a period of relaxation, likely adding components of excitement, urgency, uncertainty, and danger.

I understand the nature of fire fighting work and am familiar with the requirements of the above captioned OSHA standards. After having performed a medical evaluation of the above-named employee, I hereby deem him/her fit to perform fire-fighting duties.

Comments:

Physician signature: _____ Date: _____

Printed name: _____

Address: _____

Phone: _____