

MEDICAL OPINION/CLEARANCE

It is my professional opinion that, _____ is healthy
(Applicant's Name)
enough to take the Physical Fitness Test as outlined below;

Yes

No

The applicant will be wearing a self-contained breathing apparatus (estimated weight of 50 lbs) and must be able to complete two (2) circuits of the following stations (excluding the dead blow hammer):

- Lift and carry 70 lbs up and down 136 stairs,
- Hoist 35 lbs with a rope 27 feet,
- Remove a 14 foot roof ladder from apparatus, place it on the ground and return it,
- Drag a 150 lb fire hose 150 feet,
- Move 165 lbs weight 5 feet with an 8 lb dead blow hammer (only once),
- Drag 154 lbs Rescue Mannequin 50 feet.

**Course must be completed within 15 Minutes*

Resting Blood Pressure: _____ Resting Heart Rate: _____

Comments: _____

Physician's Signature: _____

Date: _____ (Medical clearance is valid for 6 months from this date)

Please give completed form to applicant.

Note to Applicant:

Be sure to bring this completed form with you when you present yourself for Physical Requirements (FIT) Testing, you will not be cleared for testing without it.

Fees for obtaining this report are the responsibility of the applicant.