

PHYSICIAN'S RELEASE FOR FIREFIGHTER TRAINING

Name: _____ DOB: _____ Age: _____

Home Address: _____

Home Phone: _____ Cell: _____

Name of Parent or Guardian (if applicable): _____

To Physician:

_____ (cadet) has applied to the Texas Fire Academy to attend the Basic Firefighter Course. Following is a description of typical physical requirements for the Academy. Please note any recommendations or precautions that you find pursuant to your examination. Your assistance in this matter will be greatly appreciated.

This is a description of the tasks currently performed; it does not address the potential for accommodation. All functions are to be performed while wearing full fire protective gear (PPE) unless otherwise noted.

Note: PPE weighs approximately 50 pounds and restricts hearing and vision.

PHYSICAL DEMAND	DESCRIPTION
Lifting/Carrying	<ul style="list-style-type: none"> • Lifts 25 lb. SCBA (Self-contained breathing apparatus) from ground to full extension of arms overhead. • Lift to waist level a 115 lb. roll of hose. • Carry a 116 lb. ladder 150 feet (with helper). • Lift and maintain control of a 75 lb. tool at waist height for 2 minutes. • Drag a 175 lb. victim 100 feet. • With a helper, lift a 50 lb. ambulance stretcher with a 175 lb. patient and walk up/down 2 flights of stairs • With a helper, lift a 50 lb. ambulance stretcher with a 175 lb. patient and walk up/down (navigate) a 35 degree incline • With a helper, remove a 116 lb. 35 foot extension ladder from the side of a fire truck at a height of 6 feet • Hold a fire hose while discharging 100 gallons per minute at 100 lbs per square inch for 5 minutes.
Pushing/Pulling	<ul style="list-style-type: none"> • Pulling a hose (32 lbs) from ground up to fire truck while on knees • Pull nailed 3/4 inch wallboard off the ceiling of a structure with a tool • Open/close fire hydrant using appropriate tools
Reaching	<ul style="list-style-type: none"> • Pierce a 3/4 inch wallboard overhead with tool while standing • Use a tool overhead in continual motion for 2 minutes.
Bending/Crouching/Crawling	<ul style="list-style-type: none"> • Stoop over for periods up to 15 minutes while using a shovel or broom • Stoop and use a tool with a chopping motion for 1 minute without stopping • Able to crawl on hands and knees a distance of 100 feet.
Balancing/Climbing	<ul style="list-style-type: none"> • Climb aboard a 15 foot high apparatus • Work at heights up to 150 feet from areas such as the open roof of a building, a tower, a pole, a ladder. • Work on a ladder using a tool. • Able to work in confined spaces such as caves, tunnels, manholes, basements, ditches, collapsed buildings, culverts, attics and smoke-filled rooms. • Able to scale/rappel • Climb ladders up to 35 feet in height.

Hearing/Talking	<ul style="list-style-type: none"> • Able to hear warning devices at 90 decibels • Able to communicate verbally to patients or victims. • Able to communicate verbally using a hand held radio • Able to speak clearly and concisely under duress and remain calm in stressful situations
Vision	<ul style="list-style-type: none"> • Able to read 12 point type on air gauge at 3 feet distance • Able to distinguish colors to access hazards and hazard warning labels • Able to visually survey situations near and far • Able to identify for hazardous materials by reading chemical labels • Able to use a computer and write using English
Standing/Walking	<ul style="list-style-type: none"> • Able to walk 1.5 miles in 30 minutes on various types of terrain
Fine Dexterity	<ul style="list-style-type: none"> • Able to manually tie and untie 1/4 inch diameter rope into knots
Miscellaneous	<ul style="list-style-type: none"> • Able to remain calm when confronted with an angry or emotional individual • Able to move arms and legs so as to put on bunker pants, coat and SCBA over clothing.

Please note any recommendations or precautions that you find pursuant to your examination. Your assistance in this matter will be greatly appreciated.

I. Medical Information.

A. Disabling Condition(s).

1. Medical Diagnosis: _____

B. Medical Problems (please make any comments and/or restrictions in regard to the following):

1. Heart condition _____
2. Diabetes _____
3. Allergies _____
4. Visual Impairment _____
5. Hearing Impairment _____
6. Speech Impairment _____
7. Diet Restrictions _____
8. Respiratory Problems _____
9. Seizures _____
 (i.e., type, characteristics, last occurrence, specific care before, during and after, explain)
10. Surgery _____
11. Serious Injuries _____
12. Asthma _____
13. Hypertension _____
14. Medications _____

C. Fitness/Conditioning

Heart Rate and Blood Pressure _____

I hereby give my approval for the above-named person to engage in the described activities directly related to the Fire Academy.

Physician Date: _____ Physician's Signature: _____
Printed Name: _____
Address: _____
Phone: _____ Fax: _____

I, _____ (cadet's printed name) have read and understand this form and agree to adhere to any and all of the specific precautions recommended by the physician. I further agree that should my physical condition or medication change in any way, I will immediately notify Texas Fire Academy and obtain a new release form for the physician to complete.

Date: _____

Participant/Cadet signature

Parent/Guardian signature (if applicable)