

**Medical Clearance  
For Fire 208 and Fire 208.1**

To successfully pass the physical fitness portion of the Introduction to the Fire Academy (Fire 208) and the Fire Academy (Fire 208.1) courses, each recruit must complete the physical regimen test listed below. The first 3 activities must be completed within 6 minutes and the fourth in the time specified. Please note that this form can be used for both courses providing both are attended within one year of the date the form is signed off by the physician. If you begin either of these courses more than a year after this date, it will be necessary to have the form completed by a physician again.

- I. **Hose Drag:** The recruit will run back and forth for 100 yards pulling a 1-1/2 inch non-charged hose line.
- II. **Hose Pack Carry:** The recruit will pick up a 74 lb. banded hose pack and proceed up to the third floor of the tower (stepping on each step), place it down and conduct test item 3 (see below). After Test Item 3 is completed, recruit will carry same pack back down the tower.
- III. **Three Story Hose Hoist:** The recruit will lean out the third floor window of the tower (with safety line attached) and pull up the hose roll hand over hand (the weight of the hose is approximately 45 lbs). The top of the hose bundle must touch the bottom of window sill, then be lowered to the ground. Sliding the rope through the hands is not allowed.
- IV. **Cardiovascular Test:** The recruit will run 1.5 miles in no longer than 15 minutes.
- V. **Sledgehammer Test:** The recruit shall strike an object 20 times with an eight pound sledgehammer while wearing a self-contained breathing apparatus (SCBA). While this is an untimed event, the blows shall be delivered in a rapid succession with no more than four seconds between each strike.

**Student Name (print):** \_\_\_\_\_

The above-named student is physically fit to participate in the above-described test; I have authorized him/her to participate in this test.

\_\_\_\_\_  
**Print Name of Physician**

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date**

**Please provide clinic/agency stamp below**

**VALID FOR ONE YEAR FROM DATE OF EXAMINATION**