



## Santa Rosa Junior College – Public Safety Training Center



### Medical Clearance Form

Courses: FIRE 208 – Introduction to the Fire Academy & FIRE 107.1 – Volunteer Firefighter Skills

To successfully complete the physical fitness component of FIRE 208 and FIRE 107.1, each recruit must pass the physical performance assessment outlined below. The first three test items must be completed within 5 minutes and 30 seconds, and the fourth within the time specified.

**Note:** This form is valid for both courses, provided the student enrolls in either or both within one year of the physician's signature date. If the student begins a course more than one year after that date, a new medical clearance form must be submitted.

### Physical Performance Test Items

1. Hose Drag
  - Recruit runs 100 yards (down and back) while dragging a 1½-inch non-charged hose line.
2. Hose Pack Carry
  - Recruit carries a 74 lb. hose pack up three floors of the training tower (stepping on each stair), places it down to complete Item III, then carries it back down.
3. Three-Story Hose Hoist
  - From the third-floor window, with safety line attached to the SCBA, recruit hoists a 45 lb. hose roll hand-over-hand until the top reaches the windowsill, then lowers it under control. Sliding rope through the hands is not allowed.
4. Cardiovascular Test
  - Recruit runs 1.5 miles in 15 minutes or less.

### Additional Activity (Not Timed)

While not part of the timed performance test, the following is part of the physical demands of the course and should be considered in the overall evaluation:

- SCBA Endurance Drill: Recruit, while wearing an SCBA, strikes an object 20 times with an 8 lb. sledgehammer.

### Physician's Evaluation & Clearance

I have reviewed the physical requirements listed above and have examined the student named below. Based on my evaluation, the student is medically cleared to participate in the FIRE 208 and/or FIRE 107.1 physical fitness activities.

Student Name: \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date of Examination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medical Facility / Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician Stamp



THIS FORM VALID FOR ONE YEAR FROM DATE OF EXAMINATION