



OLD VILLAGE FIRE COMPANY
STATION 11
MIDDLETOWN TOWNSHIP FIRE DEPARTMENT



FIRE COMPANY MEDICAL RELEASE

To the physician:

In the interest of maintaining a fully fit and ready firefighting force, we need your assistance and opinion when treating one of our firefighters for any illness, injury, or medical condition that could affect his/her full work capability. Should you have any questions, please contact the company captain at 732-671-5704.

Firefighters are required to continually maintain physical fitness and be prepared to participate physically in any duties required to control all types of emergency fire and/or rescue incidents. They must also function under conditions of high mental and emotional stress. Full-duty tasks and functions include, but are not limited to:

- 1) Participating in suppression and rescue operations at all times of the day under all weather conditions.
- 2) Be able to done Personal Protective Equipment weighing up to 50lbs. or more.
- 3) Utilize a self contained breathing apparatus under hazardous conditions.
- 4) Transport equipment while wearing full protective gear.
- 5) Pulling heavy hose lines up two or three flights of stairs.
- 6) Being exposed to toxic fumes and heated gases.
- 7) Being exposed to overheating, chilling, and wet clothing.
- 8) Climbing ladders and operating from heights such as 2nd, 3rd stories and rooftops.
- 9) Driving engines and other emergency apparatus on local roadways during all types of weather and through heavy traffic under emergency conditions with red lights and siren.
- 10) Being aroused out of a sound sleep by a sounding alarm via audio pager.
- 11) Making decisions and taking actions with potential life or death consequences under conditions of high mental and emotional stress.

Is the current condition of the firefighter such that he/she is able to fully function in all of the above capacities? Yes / No _____

If no, which area(s) is limited, and what is the limiting factor(s)?

Name of Firefighter being treated _____

Name of Physician _____ Date _____

Address _____ Phone # _____

(Please affix physicians stamp / seal)