



CITY OF NORTH BATTLEFORD

FIRE DEPARTMENT

PHYSICIAN'S CERTIFICATE

Name of Candidate _____

Date of Examination _____

I, _____, a duly qualified Medical Practitioner, do hereby certify that I examined the above mentioned candidate.

I am satisfied that he/she is not suffering from any illness, disability or medical condition that would render it unsafe for him/her to perform as a fire fighter and that he/she meets the standards for a fire fighter, some duties of which are outlined below:

- Going from periods of rest/inactivity to immediate readiness (some studies suggests this can increase the heart rate by 50+ bpm)
- Wearing personal protective equipment weighing approx. 40 kgs
- Carrying equipment up and down stairs in buildings
- Advancing charged hoses (240 pounds of nozzle thrust)
- Breaking down doors, walls ceilings and roofs possibly using the following equipment - chain saw, hack saw, K-12 saw, sledge hammer,
- Working over head with a pike pole or hoses
- Raising ladders
- Rescuing victims (including carrying victims)
- Raising and lowering equipment or victims from building/high-rise windows via ropes
- Automobile extrication
- Carrying equipment long distances from the truck to the fire site.
- Extensive crawling in smoke filled environments while wearing respiratory protective gear

Physician's Name

Physician's Signature



Physician's stamp