

Medical Clearance

Dear Physician:

This applicant will be attending a training program, where live fire simulations are conducted. Whereas these are controlled fire conditions that the applicant will be exposed to, the physical stress and / or strain is no different from actual firefighting activities.

The purpose of this medical examination is to ensure that the applicant is medically fit enough to participate in **strenuous** firefighting activities at this time. The following is a synopsis of some of the required activities:

- Wearing fire fighting protective clothing (restrictive to the body's natural cooling)
- Wearing and use of breathing apparatus (approx. 28 lbs. or 12 Kg.)
- Crawling in areas of limited visibility
- Working in areas containing extremely elevated temperatures
- Dragging fire hoses (filled with water)
- Dragging simulated victims

I have examined _____ and am satisfied that this individual is medically fit to participate in and would have no limitation in regards to, strenuous firefighting training.

Physician's name:	
Address:	
Phone:	
Physician's signature:	
Date:	

Note: This medical will be valid for a period of 6 months from the date of issue.

The costs associated with completion of this form are the responsibility of the applicant.



Marine Campus

265 West Esplanade North Vancouver, BC
TEL: 604-453-4100 / FAX: 604-985-2862
www.bcit.ca/transportation/marine



JIBC

School of Public
Safety & Security

Fire & Safety
Division

13500 – 256th Street
Maple Ridge, BC
Canada V4R 1C9
TEL 604.462.1000
FAX 604.462.9149
www.jibc.ca

Consent for independent medical examination and release of information:

(Mandatory Requirement) Transport Canada Candidate Document Number (CDN) _____		British Columbia Institute of Technology Student ID Number (BCIT#) _____	
Check the appropriate course to be taken <input type="checkbox"/> Basic Safety Training <input type="checkbox"/> MED Refresher Training <input type="checkbox"/> Advanced Fire Fighting			
Date:			
	FAMILY NAME		GIVEN NAME(S)
Name:			
	Day	Month	Year
Date of birth:	/ / 20_____		Gender: M ____ F ____
Address:			Phone: ()
			Cell: ()
			Email:

I _____, hereby consent to a medical examination by

Dr. _____, who then has my consent to send a report of the findings to the JIBC, Fire & Safety Division, upon their request.

Important

I will provide the original copy of this document to the JIBC, Fire & Safety Division prior to the beginning of my training with this school.

I confirm that I have not withheld information from the physician named on this document (who has examined me), that is relevant to my current health or well-being.

Signature of applicant: _____ Date: _____

Witness: _____ Date: _____