

FIRE BRIGADE CLEARANCE FORM

Firefighters Name: _____

Social Security Number: _____

Fire Department Name: COLLETON COUNTY FIRE RESCUE Station # _____

OSHA regulation 1910.156 section (b) part (2) states, "The employer shall not permit employees with known heart disease, epilepsy or emphysema to participate in fire brigade emergency activities unless a physician's certificate of the employee's fitness to participate in such activities is provided." OSHA regulation 1910.134 section (b) part (10) states, "Persons should not be assigned to tasks requiring use of respirators unless it has been determined that they are physically able to use the equipment." NFPA 1582 states, "Firefighters must be medically capable of performing the required duties."

Clearance Statement

Based on the test results from the screening program, I find this individual to be **clear** under OSHA 1910.156, OSHA 1910.134, OSHA 1910.120 regulations and NFPA 1582 guidelines.

Physician: _____ Date: _____

Non-Clearance Statement

Based on the test results from the screening program, I find this individual to be **unclear** under OSHA 1910.156, OSHA 1910.134, OSHA 1910.120 regulations and NFPA 1582 guidelines.

Physician: _____ Date: _____