

**WESTERLY FIRE DEPARTMENT PHYSICAL FORM
7 UNION ST. WESTERLY RI 02891 401-596-0402**

Date: _____

Name: _____

Date of Birth: _____

Following a complete physical the above individual is authorized for: (please check only one)

 Interior structural firefighting

INTERIOR STRUCTURAL FIREFIGHTING DUTIES

Includes all the essential job functions in "FIREFIGHTING DUTIES OTHER THAN INTERIOR STRUCTURAL" plus the following:

- Wears self-contained breathing apparatus (SCBA) and full protective gear (approx. 70lbs total) while performing arduous work in noxious and/or smoke-filled environments while climbing multiple flights of stairs
- Operates firefighting equipment in areas compromised by fire, confined spaces, and high places such as ladders and roofs
- Carries and moves heavy equipment and/or objects necessary to accomplish fire extinguishment or rescue (HEAVY CARDIAC DEMAND)
- Performs immediate actions under life threatening conditions which requires emotional and physical stability under stress
- Tolerates extreme fluctuations in temperature. Must perform physically demanding tasks in extreme heat (over 400°F) with humidity up to 100%
- Perform rescue of child or adult victims, or other firefighter, as necessary by dragging, lifting, and/or carrying, with or without assistance, in dangerous situations.

 Firefighting duties other than interior structural

FIREFIGHTING DUTIES OTHER THAN INTERIOR STRUCTURAL

- Wears full protective firefighting gear (approx. 35-40lbs) while working in outdoor environment performing moderate and heavy physical activities for prolonged periods.
- Directs high pressure water streams; raises, climbs and works from ladders (10-100ft)
- Lifting and carrying up to 50lbs. alone, carrying up to 100lbs. with one other person
- Pushing and/or pulling up to 150lbs. alone
- Balancing, stooping, kneeling, crouching, crawling, and reaching overhead, at times for prolonged periods
- Drive and operate fire apparatus (with or without protective gear – situation dictates)

 Not fit for any on scene firefighting duties, ONLY off scene support

Physician signature _____ Address _____

Physician name (print please) _____ Telephone # _____