

**WALNUT STREET FIRE COMPANY # 4**

**Respirator Protection Medical Evaluation**

**Firefighter** \_\_\_\_\_

**The above – named individual has completed a medical evaluation as required by OSHA in respiratory standard 1910.134. The evaluation consisted of the following :**

\_\_\_\_\_ **OSHA questionnaire**

\_\_\_\_\_ **Physical examination**

\_\_\_\_\_ **Chest X – ray**

\_\_\_\_\_ **Pulmonary function test**

\_\_\_\_\_ **Electrocardiogram**

\_\_\_\_\_ **Other** \_\_\_\_\_

**Based upon the above evaluation and other information provided to me :**

\_\_\_\_\_ I believe that the individual is medically able to use a respirator during firefighting operations

\_\_\_\_\_ I believe that the individual is medically able to use a respirator during firefighting operations with the following limitations : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I believe that the individual is not medically able to use a respirator during firefighting operations, but is able to perform other firefighting work not requiring a respirator as the work has been described to me

\_\_\_\_\_ Other recommended physical limitations for firefighting activity \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Licensed Healthcare Provider

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

I have been informed of the results of my medical evaluation and authorize release of the findings recorded on this form to Walnut Street Fire Company # 4. I understand the inherent dangers of firefighting and understand that the evaluation does not guarantee that I am physically able to perform the duties of a firefighter.

Further, for myself, my spouse, heirs and assigns, I voluntarily assume all risks and do release and forever discharge \_\_\_\_\_ from any and all liability for failure to diagnose and / or warn against any physical condition, detected or undetected during the evaluation, which contributes to injury or death during firefighting or related activities.

\_\_\_\_\_  
Firefighter Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

