BCVFA Medical Authorization Form

Patient's Name:_____ LOSAP Number:_____

This is to verify that I have read and understand the attached position description of the above named individual and that I have performed a complete history and physical exam and that the employee is medically able to perform all of the physical requirements and is cleared as:

_____ENTRY

_____NON-ENTRY

_____UNABLE TO PARTICIPATE IN ANY EMERGENCY OPERATIONS

_____ _____
Signature of Primary Care Physician Date

_____
Printed Name of Primary Care Physician

_____
Type of Practice

_____

_____
Address

_____
Telephone Number

BCVFA Emergency Response Position Description

ENTRY PERSONNEL

Hears alarm and prepares for appropriate response. Drives or rides safely in vehicle. Understands visual and spoken orders and takes appropriate action. Assists in the saving of lives and property and in extinguishing fires. Enters and removes or leads persons from buildings or hazardous situations. Operates firefighting and rescue equipment, and uses self-contained breathing apparatus. Carries or drags hoses, ladders, and other equipment.

This position entails the performance of heavy physical labor involving fire suppression, emergency rescue, and emergency medical operations. Work requires exposure to potentially hazardous public safety activities.

NON-ENTRY PERSONNEL

Hears alarm and prepares for appropriate response. Drives or rides safely in vehicle. Understands visual and spoken orders and takes appropriate action. Performs emergency and non-emergency procedures at the scene. Does not use self-contained breathing apparatus. May drive ambulance or fire apparatus under emergency response conditions, using knowledge and skill in driving to avoid sudden motions detrimental to themselves or others.

Persons in this position must be able to safely perform the duties of the position without posing a threat to the health and safety of themselves or others.