



Pacific Fire Protection District

910 West Osage Street
Pacific, MO 63069
Phone: (636) 257-3633



ALL RELATED COSTS ARE APPLICANT'S RESPONSIBILITY.

PHYSICIAN'S CERTIFICATION

The job of a firefighter is physically demanding. All candidates for the position of firefighter should possess the ability to fight fire, rescue or extract trapped individuals or render emergency medical care, while wearing protective clothing and equipment in excess of 45 pounds, in a variety of weather conditions, cramped spaces and in the presence of heat, fire, smoke, toxic fumes and other hazardous conditions.

The following physical abilities are required to perform the above activities:

1. Lifting, carrying, pushing and/or pulling ladders, hoses, emergency equipment and tools, etc. occasionally in excess of 150 pounds, frequently over 50 pounds.
2. Climbing: Ascending/descending ladders, stairs, scaffolding, ramps, ropes and the like using the feet, legs, hands and arms.
3. Balancing: Maintaining body equilibrium to prevent falling when walking, standing, crouching, running, climbing or other physical activities.
4. Stooping: Bending the body downward and forward by bending the spine at the waist.
5. Crouching: Bending the body downward and forward by bending the legs and spine.
6. Crawling: Moving about on the hands and knees or on the stomach.
7. Seizing, holding, grasping, turning or otherwise working with the hands and picking, pinching or otherwise working with the fingers primarily, and perceiving such attributes of objects and materials as size, shape, temperature or texture by means of receptors in the skin, particularly those of the finger tips.
8. Communicating by the spoken word, perceiving speech and the nature of sounds by the ear.
9. Perceiving size, shape, distance, motion, color, both at a distance and close up, with three-dimensional vision.

The above is not all-inclusive but a brief description of the necessary general abilities required of a firefighter.

I have made a medical examination of _____ and find that this person is physically fit to perform the physical abilities described above which requires among other things, running, crawling, climbing and lifting or pulling heavy dead-weight objects.

PHYSICIAN'S NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

PHYSICIAN'S SIGNATURE: _____