



PICTURE BUTTE EMERGENCY SERVICES

Application Form

Name: _____

Date of Birth: _____ Driver's License No. & Class: _____

Address: _____

Home Phone No.: _____ Cell No.: _____

Email: _____

Employer: _____

Address: _____

Emergency Contact: _____ Phone No: _____

Do you have current First Aid & CPR? _____

Firefighting or Medical Experience (if applicable):

Work-Related References:

_____ Phone No.: _____
_____ Phone No.: _____

Required supporting documents:

Driver's Abstract (5 year min.) Criminal Record Check Medical Clearance Form

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Drivers Abstract: _____

Recruit Class Start Date: _____

Criminal Record Check: _____

Turnout Coat Size: _____ Pants Size: _____

Date Joined: _____

Uniform Shirt Size: _____ T-Shirt: _____

Fire Chief: _____

Completed new member package: _____



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MEDICAL CLEARANCE FORM FOR VOLUNTEER FIREFIGHTERS

Firefighting and rescue duties can be strenuous and require the firefighter to be in sound health and fitness. Applicants of the Picture Butte Emergency Services must review and complete this form with their family physician.

Does the applicant have any of the following medical history? (Y/N)

- Lung or respiratory disorders
- Epilepsy or other seizure conditions
- History of dizziness or syncope episodes
- Heart disease or history of cardiac problems
- High blood pressure
- Contagious blood diseases
- Ongoing contagious viral or bacterial diseases
- Diabetes
- Recurrent back problems
- Inability to perform moderate to intense exercise
- Hearing or sight issues which remain problematic despite correction devices

If you answered yes to any of the above conditions, please explain if, in your professional medical opinion, these conditions will affect the individual in carrying out the duties of a firefighter?

I attest that the information I have provided is accurate to the best of my knowledge.

Printed name of Physician

Signature of Physician

Date

Printed name of Applicant

Signature of Applicant

Date