



# 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: \_\_\_\_\_



# PICTURE BUTTE EMERGENCY SERVICES

## 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.

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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?

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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