



Mendocino College

Fire Science Medical Clearance



To successfully pass the physical fitness portion of the Firefighting course, each student must complete the physical regimen test listed below.

The first 3 activities must be completed within 6 minutes and the fourth in the time specified. Please note that this form can be used *within one year of the date the form is signed off by the physician*. If you begin the course more than a year after this date, *it will be necessary to have the form completed by a physician again*.

Hose Drag: The recruit will run approximately 100 yards pulling 200 feet of 1-3/4 inch hose line. The recruit will then pull all hose hand-over-hand into a pile.

Hose Pack Carry: The recruit will pick up a 75 lb. banded hose pack and proceed up to the third floor of the tower (stepping on each step), place it down and conduct test item 3 (see below). After Test Item 3 is completed, recruit will carry same pack back down the tower.

Three Story Hose Hoist: The recruit will lean out the third floor window of the tower (with safety line attached to SCBA) and pull up the hose roll hand over hand (the weight of the hose is approximately 45 lbs). The top of the hose bundle must touch the bottom of window sill, then be lowered to the ground. Sliding the rope through the hands is not allowed.

Cardiovascular Test: The recruit will run 1.5 miles in under 15 minutes. While not part of the physical fitness test, during the Self-contained breathing apparatus (SCBA) test, the recruit will strike an object with an 8 lb sledge hammer 20 times while wearing the SCBA.

In addition to the physical regimen test listed above, the recruit should also be able to walk, run, jump, twist, bend and lift 25 plus pounds for extended periods of time during the Wildland Firefighting course. Your evaluation of the recruit should also take this into consideration.

Student Name (please print): _____

The above-named student is physically fit to participate in the above-described test and course; I have authorized him/her to participate in this test and course.

Print Name of Physician _____ Date _____

Signature of Physician _____

Please provide clinic/agency stamp below

THIS FORM VALID FOR ONE YEAR FROM DATE OF EXAMINATION