



METCHOSIN FIRE DEPARTMENT
4440 Happy Valley Road
Victoria, BC V9C 3Z3

Ph: 250-478-1307 ~ Email: firechief@metchosinfire.ca

MEDICAL EXAMINATION REPORT

Applicant Information

Name: (Last) _____ (First) _____ (Initials) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Physician Information

Name : (Last) _____ First) _____ (Initials) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone # _____ Email: _____

To be completed by Physician

- Is the applicant prescribed any medications that may affect his/her performance of duties as a Firefighter?
Yes No
- Is the applicant medically fit to perform the duties of a Firefighter? Yes No
The applicant has been provided with a Firefighter Essential Job Task report for the assistance of the physician.
- I, the undersigned, am a legally qualified medical practitioner, licensed to practice in the Province of British Columbia. This report confirms my evaluation and medical opinion of the applicant.

Signature _____ Date _____



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Paid-On-Call Firefighter Medical Examination Report Essential Job Tasks

In accordance with NFPA 1582 (Medical Program for Fire Departments) the following 13 essential job tasks will be required to meet the level of service provided to the local community by The Metchosin Fire Department. The job tasks are requirements of the NFPA 1001, Firefighter II Standards for Firefighter. These job tasks shall be provided to the Physician at the time of the medical examination.

Performing fire-fighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods

Wearing an SCBA, which includes a demand valve–type positive-pressure facepiece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads

Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA

Depending on the local jurisdiction, climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb (9 to 18 kg)

Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C)

Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lb (90 kg) to safety despite hazardous conditions and low visibility

Advancing water-filled hose lines up to 2½ in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles

Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards



Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration

Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens

Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions

Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers)

Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members





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CONSENT WAIVER AND RELEASE FORM
Physical and Agility Testing

TO: THE CORPORATION OF THE DISTRICT OF METCHOSIN and the METCHOSIN FIRE DEPARTMENT.

WHEREAS the Corporation and the Fire Department require that applicants for the position of Paid-On-Call Firefighter be examined.

AND WHEREAS I, _____ have submitted to the Corporation and the Fire Department, my signed application for the position of Firefighter, and have been informed that I am required to be examined for this position, and required to participate in a series of tests to demonstrate my strength, endurance and physical agility.

AND WHEREAS, the procedures to be followed during the said examination and said series of tests to demonstrate my strength, endurance and physical agility and have been fully explained to me;

NOW THEREFORE, I, for myself, my heirs, executors, administrators or assigns, hereby consent to and agree to be examined for the position of Firefighter, and consent to and agree to participate in a series of tests to demonstrate my strength, endurance and physical agility and I for myself, my heirs, executors, administrators or assigns, hereby waive any and all claims against the Corporation and the Fire Department that I, my heirs, executors, administrators or assigns, or any of them now or hereafter can, shall, or may have, for, on account of, or because of any injury or damage that I may sustain because of, in connection with, or on account of said examination and said series of tests to demonstrate my strength, endurance and physical agility, and I, for myself, my heirs, executors, administrators or assigns, do hereby remise, release and forever discharge the Corporation and the Fire Department from any and all liability claims for damages, actions, suits and demands whatsoever, which I, my heirs, executors, administrators or assigns or any of them now or hereafter and without restricting the generality of the foregoing, for or by reason of any cause, matter or thing arising out of or resulting from my participation in said examination and said series of tests to demonstrate my strength, endurance and physical agility.

IN WITNESS WHEREOF I have hereunto set my hand and seal this ____ day of _____, 20__.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF

Applicant Name (Please Print or Type) _____

Applicant Signature _____

Witness Name (Please Print or Type) _____

Witness Signature _____

