

Deep River Fire Department

Organized 1896
Deep River, Connecticut 06417

Membership Application for Junior Members

I hereby apply for the membership to the Deep River Fire Department, Junior Division and agree that if admitted I will abide by all the By-Laws, rules and regulations of this Department.

For membership to the Department, you must receive a complete medical physical exam by either your own physician or the official department physician. The Physical Examination Form must be completed and returned with this application.

First Name: _____ Date of Birth: _____

Last Name: _____

Place of Birth: _____, _____

I have been a resident of Deep River, CT for _____ years.

Applicants Signature: _____

Recommended by: _____ Date: _____

Character References: (other than parent, guardian or relative)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Do you have a valid CT Drivers License? Yes: ___ No ___

Do you have any arrests or convictions? Yes: ___ No ___ If yes, please explain:

Please list any allergies you may have that would require immediate medical attention:

Office Use Only

Tabled: _____ 3 Months Probation: _____ Accepted: _____

Secretary, Deep River Junior Fire Department

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FIREFIGHTER MEDICAL CLEARANCE FORM

This form must be filled out and signed by your primary physician and returned with your application for Membership.

Name of Applicant: _____

Date of Birth: _____

Firefighter Statement (Filled out by Applicant)

I intended to perform the following duties:

Respirator/SCBA Use	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Interior firefighting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire ground support	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire Police	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire apparatus operator	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Physician/Examiner Statement

I have examined the above firefighter applicant on _____ and am familiar with the OSHA Standard 29CFR 1910.134. Based on the results of that exam, it is my opinion the above firefighter applicant is cleared for the following:

Respirator/SCBA Use Yes No
Specific limitations: _____
Follow-up evaluation: _____

Interior firefighting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire ground support	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire Police	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire apparatus operator	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Physician Name: _____ Date: _____

Physician Signature: _____

Name of Practice: _____ Phone #: _____

Medical Examiner's License or Certificate #: _____ Issuing State: _____

Expiration Date: _____

05/08