

MONTAUK FIRE DISTRICT FIREFIGHTER PHYSICAL

This is to certify that member of the Montauk Fire Department

_____ is certified for duty as listed below:
(Member's Name)

CLASS "A" Interior Firefighter: NO RESTRICTIONS

Definition:

- Member must not have any medical and/or physical disabilities (heart disease, pleurisy or emphysema, etc.)
- The member must be able to carry heavy equipment, entering smoked filled buildings and working with high pressured hoses

CLASS "B" Non-Interior Firefighters and EMS

Definition:

- Exterior Firefighter and Emergency Medical Technicians

CLASS "C" Administrative Duties Only: Restricted from Firefighting

Definition:

- Fire Police Only

Comments and/or Restrictions: _____

This also certifies that the member has passed drug test.

NOTE: if a member's classification has changed or the member has requested a change in classification please note the change.

_____/_____/_____
Date

Physician's Signature

PHYSICALS should include the following:

Class "A", Class "B" and Class "C" member.

Class "A" (Interior Firefighter)

1. Complete medical history and physical examination:
 - a. Vital signs: pulse, respirations, blood pressure and in indicated temperature
 - b. Dermatological system
 - c. Ears, eyes, nose, mouth and throat
 - d. Cardiovascular system
 - e. Respiratory system
 - f. Gastrointestinal system
 - g. Genitourinary system
 - h. Endocrine & metabolic system
 - i. Musculoskeletal system
 - j. Basic hearing test
 - k. Visual acuity and peripheral vision test
 - l. Pulmonary Function Test
 - m. C.B.C. (blood tests) and C.M.P. (complete metabolic panel)
 - n. Drug testing
 - o. Electrocardiogram 12 Lead (EKG)
 - p. Urinalysis
 - q. Medical Report indicating Class A, B, C
 - r. Prostate testing for males over 50
- FIT test (mask fitting in-house testing)

Class "B" (Exterior Firefighter and EMS)

1. To include all of Class "A" with the exception of:
 - a. Electrocardiogram 12 Lead (EKG)
 - b. Pulmonary Function Test

Class "C" (Administrative Duty or Fire Police Only)

1. Complete medical history and physical examination:
 - a. Vital signs: pulse, respirations, blood pressure and in indicated temperature
 - b. Ears, eyes, nose, mouth and throat
 - c. Cardiovascular system
 - d. Respiratory system
 - e. Gastrointestinal system
 - f. Genitourinary system
 - g. Endocrine & metabolic system
 - h. Musculoskeletal system
 - i. Basic hearing test
 - j. Visual acuity and peripheral vision test
 - k. C.B.C. (blood tests) and C.M.P. (complete metabolic panel)
 - l. Urinalysis
 - m. Drug testing
 - n. Prostate screening for males over 50

Mandatory Drug Test required at each member's physical

* New members should either be given Hepatitis B shots or see District Office to sign waiver.

MONTAUK FIRE DISTRICT

Receipt of physical exam

This is to certify that member _____
has completed his/her physical examination on _____

The Montauk Fire District Firefighter Physical form will be faxed to the
Montauk Fire District Office at (631) 668-4112 upon receipt of
member's drug test results.

Signed:

Date:

**This form is to be returned to the District Office by member
ASAP.**