

**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING**

TRAINING AFFIDAVIT

APPLICANT'S
NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____¹

ADDRESS

STREET CITY STATE ZIP

I _____, do hereby acknowledge that my Application for Certification as a Firefighter(DI4-1016), submitted to the Bureau of Fire Standards and Training on _____ (date DI4-1016 was signed) cannot be executed because I have not completed the Firefighter Training Program Minimum Standards Course) nor have I successfully passed the State Examinations as required under 633.35 Florida State Statutes.

SIGNATURE OF APPLICANT

THIS FORM MUST BE NOTARIZED

STATE OF FLORIDA
COUNTY OF _____

On _____, _____, _____ personally
(month and day) (year) (Applicant's Name)

appeared before me and, _____ who is personally known to me, or _____ who has provided
_____ as identification.

Notary Public Signature

Commission expires: _____

PLEASE AFFIX SEAL ABOVE

DI4-1461 (FORMERLY FST-60) REVISED 01/01 MP

¹ Please note that the social security number is not required; however, if you provide it, it will greatly assist us in assisting you.

**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING
PERSONAL INQUIRY WAIVER**

APPLICANT'S NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

ADDRESS

STREET	CITY	STATE	ZIP
--------	------	-------	-----

I respectfully request and authorize you to furnish the Division of State Fire Marshal, Bureau of Fire Standards and Training, any and all information that you may have concerning my work record, school record, military record, and moral character. Please include any and all information of a confidential or privileged nature, and photostats of same if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification as a firefighter, firesafety inspector, or other competency certification in the State of Florida.

SIGNATURE OF APPLICANT

Please note that the social security number is not required; however, if you provide it, it will greatly assist us in assisting you.

THIS FORM MUST BE NOTARIZED

STATE OF FLORIDA

COUNTY OF _____

On _____, _____, _____ personally
(month and day) (year) (Applicant's Name)

appeared before me and, _____ who is personally known to me, or _____ who has provided
_____ as identification.

Notary Public Signature

Commission expires: _____

PLEASE AFFIX SEAL ABOVE
DI4-1020 REVISED 03/01 MP



**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING
MEDICAL EXAMINATION**

Per FS633.34, as of July 1, 2005 the medical examination needs to be completed by a physician, surgeon, or physician assistant per ch. 458; or an osteopathic physician, surgeon, or physician assistant per ch.459; or an advanced registered nurse practitioner per ch. 464.

The examining medical professional needs to be aware of the type of physical activities the student will be performing during firefighting training. The examination should reveal any condition or deficiency which would interfere with the performance of described activities. **Of major concern is if the safety or health of the student would be compromised by permitting him/her to engage in the described training due to any pre-existing or current medical condition, injury, illness or deficiency revealed during the medical examination.**

ESSENTIAL FIREFIGHTING FUNCTIONS WHICH STUDENTS ARE EXPECTED TO PERFORM, ARE:

Wear personal protective equipment that weighs approximately 50 pounds while performing firefighting tasks which would include the lifting, carrying, and raising of heavy ground ladders, using heavy equipment and tools to perform forcible entry or vehicle extrication, working with heavy hose lines that have considerable reaction.

Perform the tasks described in above item and other physically demanding work while wearing positive pressure breathing equipment with 1.5 inches of water column resistance to exhalation at a flow of 40 liters per minute.

Work for long periods of time, requiring sustained physical activity and intense concentration.

Make rapid transitions from rest to near maximal exertion without warm-up periods.

Tolerate extreme fluctuations in temperature while performing duties. Must perform physically demanding work in hot (400°F) humid (100%) atmospheres while wearing equipment that significantly impairs body-cooling mechanisms.

DI4-1022 (formerly FST-2) 07/05 DC

Perform a variety of tasks on slippery, hazardous surfaces, such as rooftops or from ladders.
Rely on senses of sight, hearing, smell and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation.

**THIS FORM IS TO BE FILLED IN BY THE
EXAMINING MEDICAL PROFESSIONAL (PLEASE PRINT)**

Firefighter
Applicant

Name: _____ Last _____ First _____ M.I. _____

SS# _____ Height _____ ft. _____ in. Weight _____ lbs.

Far visual acuity uncorrected - binocular 20/ _____

Far visual acuity corrected – binocular 20/ _____

Correction accomplished
utilizing: (circle one) Hard contacts - soft contacts - spectacles

Peripheral vision: Degree of visual field performance in the horizontal
meridian without correction.

left eye _____ right eye _____

Blood pressure reading: systolic _____; diastolic _____

Clinical evaluation of 12 lead EKG:



**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING
MEDICAL EXAMINATION**

AUDITORY-HEARING DEFICIT IN THE PURE TONE

THRESHOLDS AS INDICATED:

	Left ear		Right ear
0500 Hz	_____ dB		_____ dB
1000 Hz	_____ dB		_____ dB
2000 Hz	_____ dB		_____ dB
3000 Hz	_____ dB		_____ dB

Please check whether each of the following systems are

normal (N) or abnormal (AB):

1. Dermatological system	N	AB
2. Ears, eyes, nose, mouth, throat	_____	_____
3. Cardiovascular system	_____	_____
4. Respiratory system	_____	_____
5. Gastrointestinal system	_____	_____
6. Genitourinary system	_____	_____
7. Endocrine and metabolic systems	_____	_____
8. Musculoskeletal system	_____	_____
9. Neurological system	_____	_____

If there are any abnormalities noted during the examination or EKG, a written clarification of the extent and type of abnormality must accompany the medical examination. It is in the best interest of the student that the examining Medical Professional carefully note all abnormalities which might predispose the student to injury or aggravation of the condition because of the nature of the tasks required of a firefighter student.

COMMENT ON ABNORMALITIES:

Based on the results of this medical evaluation, the student is / is not medically fit to engage in firefighter training.
please circle

Per Florida statute 633.34 Firefighters; qualifications for employment: Any person applying for employment as a firefighter must be in good physical condition as determined by a medical examination given by a medical professional as identified in FS 633.34 (5). Such examination may include, but need not be limited to, provisions of the National Fire Protection Association Standard 1582. Said examination evidencing good physical condition shall be submitted to the division, on this form before an individual is eligible for admission into a firefighter training program as defined in s. 633.35.

Examining Medical Professional Information

Name (print or type) _____

Signature _____

Date _____ telephone number _____

office address: _____



FIRE DEPARTMENT
CITY OF CORAL SPRINGS FLORIDA
TRAINING AND PUBLIC EDUCATION DIVISION
Coral Springs Fire Academy



Mark Curran
Fire Chief

4180 NW 120th Avenue
 Coral Springs, FL 33065
 (954) 346- 1774

HOLD HARMLESS AGREEMENT

I, _____, the undersigned, do hereby request permission from the Coral Springs Fire Department to perform the **Physical Agility Test (PAT)** and/or **PAT Orientation**. If permission is granted, I hereby agree to obey at all times all instructions, orders and commands given me by the officer or officers conducting the test. I fully realize and appreciate the possibility that I may be exposed to the danger of physical harm or injury. I nevertheless freely and voluntarily accept these risks.

Wherefore, in consideration of being granted permission to perform the Physical Agility Test (PAT) and/or PAT Orientation, I hereby personally assume all risks in connection with such activity, and I further release the City of Coral Springs, its Commissioners, the Coral Springs Fire Department, and its Chief, the City's employees, agents and servants from any harm, injury or damage which I may sustain while performing said test, whether foreseen or unforeseen; and further to save and hold harmless said parties from any claim by me, or my family, estate, heirs or assigns, arising out of my said activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release: that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act. I further acknowledge that I am familiar with the contents of this affirmation and release.

 Signature of Applicant

 Address

 Telephone #

 Date of Birth

STATE OF _____
 COUNTY OF _____

On this, the ____ day of _____, 20____, before me, the undersigned Notary Public of the State of _____, the foregoing instrument was acknowledged by _____, who is personally known to me or who has produced _____ as identification and whom did/did not take an oath.

 Notary Public State of Florida

Doc. 59229

*4180 NW 120th Avenue
 Coral Springs, FL 33065
 954-346-1774*