



# BCPFFA

## Fire Ops 101

September 18th, 2023



Participant's Name: \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Nos. Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

### PHYSICIANS PORTION:

#### CURRENT MEDICATIONS: (*List All Medications*)

\_\_\_\_\_

\_\_\_\_\_

#### ALLERGIES/MEDICAL REACTIONS:

\_\_\_\_\_

#### RELEVANT MEDICAL HISTORY:

\_\_\_\_\_

\_\_\_\_\_

Vital Signs:      Date: \_\_\_\_\_      Time: \_\_\_\_\_

BP \_\_\_\_\_      Pulse \_\_\_\_\_      Resp \_\_\_\_\_      Temp \_\_\_\_\_      O<sub>2</sub>Sat \_\_\_\_\_

In your medical opinion, is this participant in good health and capable of experiencing physical athletic exertion and performing fire fighting and fire rescue activities over a four hour period?  
(Please initial next to one option)

YES \_\_\_\_\_      NO \_\_\_\_\_

#### MEDICAL PROVIDER/PHYSICIAN & SIGNATURE:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



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### PARTICIPANTS PORTION:

*Please circle your answer:*

Do you have any Heart or Cardiac History? Yes No

Do you have Asthma/COPD/Emphysema? Yes No

Do you, or have you ever smoked cigars or cigarettes? Yes No

If yes, how many years did you smoke? \_\_\_\_\_

When did you stop smoking? \_\_\_\_\_

September 18th 2023 Vital Signs:

Vital Signs: Date: \_\_\_\_\_  
BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_

Time: \_\_\_\_\_  
Temp \_\_\_\_\_ O<sub>2</sub>Sat \_\_\_\_\_

Vital Signs: Date: \_\_\_\_\_  
BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_

Time: \_\_\_\_\_  
Temp \_\_\_\_\_ O<sub>2</sub>Sat \_\_\_\_\_