

FIRE FIGHTER COURSE

Dear Physician:

The individual you are examining has applied for admission to the College of the Redwoods, Firefighter course. As part of the admission process the student must obtain a Medical Clearance to participate in the Physical Conditioning Program of the Firefighter course. The Physical Conditioning Program consists of certain physical performance tests and a program of vigorous physical conditioning. Physical conditioning occurs a minimum of one (1) hour per day, three days per week, for at least fourteen (14) weeks. Listed below are descriptions of both the physical performance tests, and the content of the physical conditioning program.

A Medical History Statement and a cardiac risk assessment (PAR-Q) have been completed by the individual to assist you in making your determination of the individual's suitability for participation for participation in the conditioning program.

PHYSICAL PERFORMANCE TESTS

Fire Shelter Deployment (timed 30 seconds): The individual deploys a wild-land fire shelter while wear full wild-land safety gear using 3 types of methods. Time events simulating actual stressful situations individual may encounter on the fire line.

Pickup, Carry, Raise, Climb and Lower an Aluminum Solid Beam 20' Three Section Extension Ladder (timed 4 minutes, 15 seconds): The individual performs methods addressed in exam while wearing structural safety gear. Use of dynamic muscular endurance of the trunk, arms, legs and back.

Donning Personnel Protective Ensemble (Wild-land and Structural): The individual performs donning safety clothing and equipment simulating actual stressful situation / timed events.

Various Charged Fire Hose Evolutions (timed events): Coupling, dragging and operating fully charged fire hose. (100' of 1 & 1/2" hose contains 9 gallons of water weighing 8.34 lbs per gallon = 75 lbs per 100' section) Up to three (3) lengths of hose might be used, by either a single individual or three individuals. Use of arms, legs and backs.

Wild-land Fire Hand-line Construction: Use hand tools to construct fire line down to mineral soil in simulated fire areas while wearing full safety gear. Use of backs, arms, legs.

PHYSICAL CONDITIONING

The program of physical conditioning involves exercise focusing on cardio respiratory endurance (aerobics), strength, power, speed and flexibility. The intensity of the various exercises is individualized to the extent possible and is gradually increased throughout the course of the conditioning program. Each exercise sessions lasts 60 minutes and consists of a warm-up period, a conditioning bout focusing on a primary training objective, and a cool-down period. A description of the conditioning objectives and activities appear below.

OVERVIEW OF CONDITIONING ACTIVITIES

Conditioning Objective	Formats	Type of Activities
Flexibility	Walk/Jog Floor Calisthenics	Begins with walk/jog to warm muscles and is followed by slow stretching exercises for major muscle groups and joints
Muscular Strength /Cardiovascular Endurance	Circuit Training with Weights	A combination of conventional Universal Gym training exercises and jogging in place for a specified period of time
Muscular Strength/Cardiovascular Endurance	Circuit Training with Calisthenics	A combination of conventional calisthenics and jogging and sprinting for a specified period of time requiring a specific number of repetitions
Cardiovascular Endurance	Continuous Running	Conventional jog-run for distance and pace (15-45) minute duration

Please complete the attached "Medical Clearance" form following your examination.

Thank you.

Chief Sean Robertson
Fire Program Faculty

COLLEGE OF THE REDWOODS
FT-121 Fire Fighter Course

MEDICAL CLEARANCE TO PARTICIPATE IN THE PHYSICAL CONDITIONING
PROGRAM AND ACTIVITIES FOR:

(Print name of individual)

(Social Security Number)

Having reviewed the above-named individual's Medical History Statement and cardiac risk assessment (PAR-Q), and having read the descriptions provided of the physical performance tests and the physical conditioning activities, and having personally examined the above-named individual, it is my professional opinion that:

Check one:

_____ It is highly unlikely that participation in the Physical Conditioning Program and activities will pose a significant medical risk to the above-named individual.

_____ The above-named individual should not participate in the Physical Conditioning Program and activities.

Physician's Signature (or FNP, PA, PA-C)

Date

Physician's Office Name/Address OR
Stamp: