

ABBEVILLE COUNTY FIRE COMMISSION
17 OLD CALHOUN FALLS ROAD
P.O. BOX 435
ABBEVILLE, S.C. 29620
PHONE NUMBER 366-6444 FAX NUMBER 366-6445

FIREFIGHTER: _____

SOCIAL SECURITY NUMBER: _____

DEPARTMENT: _____

FIRE BRIGADE CLEARANCE

O.S.H.A. REGULATION 1910.156 SECTION (B) PART (2) STATES, THE EMPLOYER SHALL NOT PERMIT EMPLOYEES WITH KNOWN HEART DISEASE, EPILEPSY OR EMPHYSEMA, TO PARTICIPATE IN FIRE BRIGADE EMERGENCY ACTIVITIES UNLESS A PHYSICIAN'S CERTIFICATE OF THE EMPLOYEE'S FITNESS TO PARTICIPATE IN SUCH ACTIVITIES IS PROVIDED.

O.S.H.A. REGULATION 1910.134 SECTION (B) PART (10) STATES "PERSONS SHOULD NOT BE ASSIGNED TO TASKS REQUIRING USE OF RESPIRATORS UNLESS IT HAS BEEN DETERMINED THAT THEY ARE PHYSICALLY ABLE TO PERFORM THE WORK AND USE THE EQUIPMENT." NFPA 1582 STATES, "FIREFIGHTERS MUST BE MEDICALLY CAPABLE OF PERFORMING THEIR REQUIRED DUTIES.

BASED ON THE TEST RESULTS FROM MY MEDICAL EVALUATION I FIND THIS INDIVIDUAL TO BE **CLEARED** UNDER O.S.H.A. 1910.156, O.S.H.A. 1910.134. O.S.H.A. 1910.120 GUIDELINES AND NEPA 1582 REGULATIONS.

PHYSICIAN SIGNATURE _____ DATE _____

BASED ON THE TEST RESULTS FROM MY MEDICAL EVALUATION, I FIND THIS INDIVIDUAL TO BE **UNCLEARED** UNDER O.S.H.A 1910.134, O.S.H.A. 1920.120 REGULATIONS AND NEPA 1582 GIUDELINES.

PHYSICIAN SIGNATURE _____ DATE _____