



Medical Release for:

The below information is provided to ensure that the Dr. who will be giving medical release for the above individual understand, the physical requirements of the FireFit Event.

The Events

Competitors are dressed as at the scene of a fire, turnout jacket and pants **with** liners, boots, helmet and gloves and donned AND BREATHING FROM SCBA (self-contained breathing apparatus). Approximately 60 lbs of gear. Each event must be performed sequentially and is timed. The course must be completed within 7 minutes.

Task 1: Stair Climb

Shoulder a 42 lb. bundle of fire hose and climb 60 steps to top of tower. Steps can be taken one at a time or in multiples on the way up. When descending handrails must be used and every step touched.

Task 2: Hose Hoist

At top of tower, hoist a 45 lb. Donut Roll of LDH hose which is attached to 5/8" kern-mantle rope. The Donut Roll must be hauled (usually hand over hand motion) up to the top landing of the tower, lifted and placed in the box on the top of the tower.

Task 3: Forcible Entry

After descending the tower the competitor moves to the Forcible Entry Machine. Using a 9 lb. shot mallet provided, move the beam completely past the decal. Once this task is complete the competitor must place the hammer on the designated 4' x 4' area.

Task 4: Run

Competitors then walk or run as fast as he/she can around the hydrants a distance of 140 ft to the hose advance.

Task 5: Hose Advance

Shoulder a 1 3/4 inch fully charged hoseline and drag it 75 feet. Once the nozzle crosses the 75 foot mark, open the nozzle, hit the designated target with the stream of water, shut the nozzle and places it on the ground. Move to the final task, Victim Rescue.

Task 6: Victim Rescue

A 175 lb. rescue mannequin must be **dragged** backwards a distance of 100 ft. The mannequin must not be grasped by its clothing or appendages. Time stops when the competitor and mannequin cross the beam at the finish line with the mannequins' feet completely crossing the blue line.

Examining Doctor: _____

Medical Practice Address: _____

Phone: _____

This is to certify that I have read the above information and have examined _____

I have medically cleared this individual to compete in the FireFit Championships Competition.

I have NOT medically cleared this individual to compete in the FireFit Championships Competition due to underlying health concerns.

Doctors Signature: _____

Place Office Stamp here:

Please email completed form to admin@firefit.com