

# **FIT-TESTING SIGN OFF SHEET**

I signify that firefighter \_\_\_\_\_, SSN: \_\_\_\_\_ is a Member of \_\_\_\_\_ department and **shall be/has been** fully trained and certified in all applicable aspects of SCBA usage.

\_\_\_\_\_  
Signature of Training Officer

\_\_\_\_\_  
Date

## Section #1

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A medical evaluation was successfully conducted on \_\_\_\_\_.  
Based on that medical evaluation, it is my opinion that this firefighter is physically able to wear respiratory protective equipment (SCBA).

\_\_\_\_\_  
Professional Licensed Healthcare Provider

\_\_\_\_\_  
Firefighter Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Section #2

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I certify that since my last Quantitative Fit Test I have not experienced any change in my physical ability to wear SCBA.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Firefighter SSN

\_\_\_\_\_  
Firefighter Signature

## Section #3

### **APPENDIX A**