

New York State Division of Homeland Security and Emergency Services
Office of Fire Prevention and Control

Requirements of Students

During Training, the student is expected to participate in demanding physical activity under rigorous physical and environmental conditions, and is also required to meet academic performance standards established by the OFPC. The following list is a general description of the functions students may be expected to perform, and the conditions under which they may be expected to perform them, throughout the duration of this class:

1. Operate both independently and as a member of a team.
2. Spend significant time out-of-doors, exposed to the elements.
3. Tolerate extreme fluctuations of temperature while performing duties, working in hot, humid atmospheres while wearing equipment that significantly impairs body-cooling mechanisms.
4. Experience frequent transition from hot to cold and from humid to dry atmospheres.
5. Work in wet, icy or muddy areas.
6. Perform a variety of tasks on slippery, hazardous surfaces, such as rooftops, or from ladders.
7. Work in areas where sustaining traumatic or thermal injuries is possible.
8. Wear personal protective equipment that weighs approximately 50 pounds while performing fire fighting tasks.
9. Perform physically demanding work, while wearing positive pressure breathing apparatus.
10. Perform complex tasks in hazardous environments.
11. Work for long periods of time, requiring sustained physical activity and intense concentration.
12. Make rapid transitions from rest to near-maximal exertion without warm-up periods.
13. Operate in environments of high noise, poor visibility, and limited mobility; at heights; and in enclosed or confined spaces.
14. Use manual and power tools in the performance of duties.
15. Rely on senses of sight, hearing, smell, and touch to help determine the nature of a simulated emergency situation, to maintain personal safety, and to make decisions in a confused, chaotic and potentially life-threatening environment throughout the duration of the operation.
16. Participate in classroom activities, including lecture, discussion and presentations.
17. Complete independent reading assignments and written assignments in a timely manner.
18. Complete written periodic quizzes, tests and final examinations, requiring student reading, analytical, and mathematical skills.

Every student entering a class is required to have completed an evaluation by a physician, and to file a copy of the "Training Authorization Letter" with the Lead Instructor. A person who is determined to be physically and medically fit to be a firefighter may still have a condition which affects his or her ability to perform certain aspects of the job, or which place him or her at greater risk under some working conditions. Examples could include: allergies, including latex allergy, asthma, the use of certain prescription medications, etc., or conditions which affect the ability to perform well academically, such as a reading disability. In the case of physical and medical conditions, it may be very useful for staff to be aware of these in the event that the recruit should need EMS care. In the case of learning disabilities, a reasonable accommodation can be made.

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Request / Waiver of Accommodation

Student's Name (please print) _____

Course Title: _____

Please read and sign one of the following statements:

STATEMENT 1

I have been advised and understand the requirements of the course. I have no conditions that require an accommodation.

Signature _____ Date _____

STATEMENT 2

I have been advised and understand the requirements of the course. I hereby request an accommodation for the written examinations. I understand that I must meet with the Lead Instructor immediately after the first class to make these arrangements.

Signature _____ Date _____

Instructions:

Complete form. Fold on dotted line. Return to Lead Instructor.

Name: _____ FD Name: _____ Tag #: _____

Confidential

Information herein to be viewed only with permission of person named above, or if that person is unable to provide information to EMS/medical personnel.

Date: _____

Please Print!

(Attach additional sheet if more space is needed.)

Personal Physician: _____ Phone #: _____

Allergies (Medication, Environment, Food):

Medications (Prescription, Non-prescription, Herbal, Recreational)

Name:

Dose:

Frequency:

Tetanus Vaccine / Booster: _____ (Date) Hepatitis B Vaccine / Titre: _____ (Date)

Medical Conditions:

Tobacco Usage: Type: _____ Per day _____ Per week
Alcohol Usage: _____ Per week _____ Per month

Hospitalizations or Surgeries: _____ Dates: _____

Misc. Information:

I hereby grant permission to provide emergency care and treatment, if I am unable to give consent.

(Signature)

(date)

Instructions:

Please complete form, fold, insert in envelope provided, and seal. Sign name in ink across sealing surface. Envelope and contents will be returned on last day of class.

Confidential

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Name: _____

Tag #: _____