



**THE DEPARTMENT OF FINANCIAL SERVICES**  
**Division of the State Fire Marshal**

**MEDICAL EXAMINATION TO DETERMINE FITNESS FOR FIREFIGHTER TRAINING**  
**BUREAU OF FIRE STANDARDS AND TRAINING**

Please print legibly.

NAME: LAST FIRST MI STUDENT ID

TRAINING CENTER E-MAIL ADDRESS CONTACT PHONE NUMBER

**For the medical professional conducting the examination:** The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of a firefighter as described on page 2. Authority for this examination is FS 633.34 and is required before an individual starts firefighter training.

This medical examination must be completed by a physician, surgeon, or physician's assistant per ch. 458; or an osteopathic physician, surgeon, or physician's assistant per ch.459; or an advanced registered nurse practitioner per ch. 464.

**Examination should include but is not limited to:**

Dermatological system, Cardiovascular system	Ears, eyes, nose, mouth, throat
Clinical evaluation of 12 lead EKG	Auditory hearing in the pure tone
Systolic and Diastolic Blood pressure	Far visual acuity corrected or uncorrected
Respiratory system	Peripheral vision
Gastrointestinal system	Genitourinary system
Endocrine and metabolic systems	Musculoskeletal system
Neurological system	

**For the medical professional conducting the examination to complete:** (Sign in appropriate box)

**Based on the results of this medical evaluation, the applicant:**

**Has no pre-existing or current condition, illness, injury or deficiencies. The applicant is medically fit to engage in firefighter training.**

Signature

**Has a pre-existing or current condition, illness, injury or deficiency that presents a safety or health risk in the environment or job functions of a firefighter. The applicant is not medically fit for firefighter training.**

Signature

**Completion Required (please print)**

Name of signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Office Telephone number: \_\_\_\_\_

Office address: \_\_\_\_\_