

**WARREN TOWNSHIP VOLUNTEER FIRE DEPARTMENT  
46 MOUNTAIN BLVD.  
WARREN, NEW JERSEY 07059  
908-753-8000 X269**

**PHYSICAL EXAMINATION CERTIFICATION FORM**

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_

The above named Firefighter is:

\_\_\_\_\_ A. Fit for INTERIOR firefighting as prescribed by NFPA 1582. (Able to physically withstand the exertion and heat stress required for direct fire extinguishment and fire rescue. Ideally the candidate shall have **NO** clinically significant cardiovascular, neurologic, musculoskeletal or pulmonary abnormalities)

\_\_\_\_\_ B. Fit for EXTERIOR firefighting (not able to physically withstand all of the requirements for direct fire extinguishment and fire rescue, but is physically fit to perform other duties, such as pulling fire hoses, moving equipment, fire extinguishment that does not require the use of SCBA, and driving and operating fire department vehicles).

\_\_\_\_\_ C. Is **NOT** fit for either Interior or Exterior firefighting.

\_\_\_\_\_ D. Further testing required, final decision should be available by \_\_\_\_\_  
Date

\_\_\_\_\_ New Firefighter                      \_\_\_\_\_ Periodic exam for in-service Firefighter

\_\_\_\_\_  
M.D.  
\_\_\_\_\_

\_\_\_\_\_  
Doctors License Number

\_\_\_\_\_  
Date