

**BCVFA Medical Authorization Form**

## Appendix A

Patient's Name: LOSAP Number: \_ \_

This is to verify that I have read and understand the attached position description of the above named individual and that I have performed a complete history and physical exam and that the employee is medically able to perform all of the physical requirements and is cleared as: (SELECT ONLY ONE OPTION)

#  ENTRY

 NON-ENTRY

 UNABLE TO PARTICIPATE IN ANY EMERGENCY OPERATIONS

Signature of Primary Care Physician Date

Printed Name of Primary Care Physician

Type of Practice

Address

Telephone Number

V2.2022

Appendix B

 **BCVFA Emergency Response Position Description**

## ENTRY PERSONNEL

Hears alarm and prepares for appropriate response. Drives or rides safely in vehicle. Understands visual and spoken orders and takes appropriate action. Assists in the saving of lives and property and in extinguishing fires. Enters and removes or leads persons from buildings or hazardous situations. Operates firefighting and rescue equipment, and uses self-contained breathing apparatus; Carries or drags hoses, ladders, and other equipment.

This position entails the performance of heavy physical labor involving fire suppression, emergency rescue, and emergency medical operations. Work requires exposure to potentially hazardous public safety activities.

## NON-ENTRY PERSONNEL

Hears alarm and prepares for appropriate response. Drives or rides safely in vehicle. Understands visual and spoken orders and takes appropriate action. Performs emergency and nonemergency procedures at the scene. Does not use self-contained breathing apparatus. May drive ambulance or fire apparatus under emergency response conditions, using knowledge and skill in driving to avoid sudden motions detrimental to themselves or others.

Persons in this position must be able to safely perform the duties of the position without posing a threat to the health or safety of themselves or others.

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