

Hillsborough Township Board of Fire Commissioners  
Firefighter Medical Clearance Exam  
(attachment A)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Fire Company: \_\_\_\_\_

The above named patient has completed an examination that consisted of:

- \*History & Physical including Pulmonary History
- \*Pulmonary Function Test – Medical Respirator Clearance
- \*EKG
- \*Auditory test
- \*Up to date with required HBV vaccination series

Based on the above examination the above named patient has undergone a physical examination as per OSHA (29 CFR 1910.134(b) (10) and has been found medically:

- qualified to use a respirator
- not qualified to use a respirator

Based on the above examination, this applicant is:

- cleared for Interior Attack
- cleared for Fire Ground duties.
- not recommended for any fire department duties on the basis of the examination

The auditory test is within normal limits.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of examining Physician: \_\_\_\_\_ (PLEASE PRINT)

Physician signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE HILLSBOROUGH FIRE DISTRICT:

E-MAIL [FIRESAFETY@HILLSBOROUGHFIREDISTRICT.COM](mailto:FIRESAFETY@HILLSBOROUGHFIREDISTRICT.COM)

FAX 908-369-0609

