



*Raritan Township Fire Company
303 South Main Street
Flemington, NJ 08822
(908) 782-6500*



PHYSICAL EXAM

SECTION I - APPLICANT

Applicant's Name: _____

Applicant's Address: _____

Applicant's Signature: _____

Please describe any physical or mental restrictions (such as claustrophobia or fear of heights) that fire officers should be aware. This information is vital for job assignments and general safety and will not be used to hinder the application process. _____

NOTE: All applicants must complete Basic Firefighter I course.

SECTION II - PHYSICIAN

The applicant will endure an extremely high level of physical exercise involving heavy lifting, pulling, pushing, and climbing. Applicant may also be exposed to dangerous environments such as smoke and extreme heat.

Any physical restrictions and limitations or special medication should be reported to fire department officials so that job assignments reflect physical ability. For instance, claustrophobia and fear of heights should be reported since some operations may require firefighters to wear face masks and work in confined spaces or climb ladders.

General physical condition (circle one): Excellent Good Fair Poor

Restrictions or additional comments: _____

I hereby certify that as a practicing physician in the state of New Jersey, the applicant is free of any acute or chronic disease and has no physical defects and, in my best opinion, is thought to be physically fit to perform the duties of a firefighter.

Physician's signature: _____ Date: _____

Physician's name (Print): _____

Physician's address: _____