Cochise College Fire Science Technology Department
901 N Colombo Ave, Sierra Vista, AZ 85635
Date: [Insert Date]

To Whom It May Concern,
[Student Name] is enrolled in Firefighter I & II and Hazardous Materials First Responder Operations certification courses at Cochise College. These courses involve significant physical demands, including lifting, bending, crawling, and reaching while wearing equipment weighing over 70 pounds and working against forces of 160 pounds or more. In order to ensure their safety and ability to meet certification requirements, we request a medical professional's evaluation and clearance for participation in the physical activities listed below.

The following activities are required for certification, per the Arizona Center for Fire Service Excellence, and are performed while wearing firefighting protective equipment weighing 70 pounds or more:

- **Mobility**: Walk, crawl, bend, reach, and stretch for several hundred feet multiple times daily; mount/dismount vehicles requiring knee/hip flexion beyond 90 degrees; climb stairs and ladders; walk on inclines (e.g., roofs) while maintaining balance.
- **Strength**: Lift and carry ladders; pull fire hoses (flowing or non-flowing); lift, pull, or drag 160 pounds or more from kneeling or backward-walking positions; lift weights overhead; manipulate power tools at awkward angles.
- **Dexterity**: Use tools above head, below grade, or from kneeling/squatting positions; tie knots; manipulate threaded/non-threaded connections requiring wrist motion.
- **Endurance**: Perform activities in hot, uneven, or confined environments while breathing through a self-contained breathing apparatus (SCBA).

I, a licensed medical professional, have reviewed the above activities and evaluated [Student Name]'s medical/musculoskeletal condition. In my professional opinion, [Student Name] (IS / IS NOT) cleared to participate in the Firefighter I & II and Hazardous Materials First Responder Operations courses without increased risk of injury.

Signature: _____ Printed Name: _____
Level of Licensure: _____ Date of Evaluation: _____
Contact Information: _____