

Yuba College Regional Fire Academy

“Arduous Duty” work statement for Physician release of student to participate

The Yuba College Firefighter curriculum is a “mix” of classroom instruction and physical hands on training. The hands on training is completed while wearing full firefighter structural personal protective equipment (PPE). Though a student is required to obtain a “physical performance release” from a physician *prior* to attending the academy. Injuries have resulted from “pre-existing” medical conditions or a “new” injury may occur during the physical requirements of hands on training. **This form is a Physicians medical release for the student to participate with hands on training.**

Cadets are expected to participate in aerobic and anaerobic cardiovascular training for at least 45 minutes 4 times a week. In addition to physical fitness training, some examples of instructional hands on related physical training while wearing full PPE and breathing apparatus are but not limited to such actives as;

- 14’/24’/35’ ladder carry and raise on to a building
- Pull a charged hose line (1 ½”, 1 ¾”, 2 ½”) into a structure and up stairs
- Pull a dry hose line (1 ½”, 1 ¾”, 2 ½”, 5 ½”) 150 feet
- **4-Story Stair Climb** – Carry a 50 foot 2 ½” hose pack to the top floor (4th floor) then return to the bottom, then return to the 3rd floor placing the hose pack on the ground. Then hoist a 2 ½” hose role (50 feet) to the 3rd floor and back to the ground. Then return the 2 ½” hose pack back to the ground floor.
- Dummy drag (165 lbs.) a minimum of 50’
- Live victim carries and drags out of a building on the ground and using ladders
- Vehicle extrication with hydraulic and hand tools
- Simulated ventilation using a Kaiser Sled, where the cadet must be able to make 30 strikes to the sled

In a classroom instructional situation, cadets are expected to remain seated during lecture until excused by the instructor with a break usually every hour.

Physician recommended form to participate with signature, physical address and contact information:

-Full release (no restrictions) _____

-Limited participation (observation only) _____ Length of time; _____

Additional Explanation: _____

Physician Signature _____

Address and contact: