The Bridgeville Volunteer Fire Department (BVFD)

Application for Membership

(Firefighting Status) General Information

Please print all information. PLEASE SIGN AND RETURN THIS PAGE TO THE BVFD.

Applicant Name	e:	
Age:	Phone:	S.S#:
Residence:		
Occupation:		Working Hours:
Beneficiary:		
		ber (2):
Date Presented	d:	Date Elected:
	vestigating Committee:	
Bridgeville, Cour Borough of Bridg to membership ir member (reason firefighting instru	nty of Allegheny, Common- geville or live within 5 road nto the department, I will p able excuse accepted), an ctions. I fully understand the	Section I STATEMENT OF INTENT Please read and sign. in the BRIDGEVILLE VOLUNTEER FIRE DEPARTMENT in the borough of wealth of Pennsylvania, and declare the following facts. I am a resident of the miles from the Borough line. I am eighteen (18) years of age or older. If elected present myself at the next the next regular meeting after my acceptance as a and I will report to the Fire Chief within thirty (30) days after my acceptance for that I will be placed on probationary status for a period of two (2) years to prove uties and participate in fundraising activities. I further agree that if my status as
a firefighter is no	accepted to the BRIDGE nitiation fee of five (\$5.00)	EVILLE VOLUNTEER FIRE DEPARTMENT, at the end of my probationary dollars will be retained by the department.
	Signod	

SECTION II APPLICANT MEDICAL QUESTIONAIRE

INSTRUCTIONS: Please print all information. To be completed by applicant.

1) Name:							
	_ast Fir				Middle		
2) Birth date: _	3) Birthplace: Month Day Year City State						
	Month	Day	Year	Cit	ty	State	
4) Residence:					Apt.#		
	Street						
	City		Sta	te	Zip C	Code	
5) Occupation	:		Du	ties:			
		MEDI		TION III MINERS REPORT			
Please print al	ll information.	TO BE COMPL	ETED BY I	MEDICAL PROFESSI	ONAL.		
1) a. Measure	ments						
Weight (Clothed)		Che (Full insp		Chest (Forced expiration)		Abdomen (At umbilicus)	
b. Did you wei	gh?	YES / NO		Did you measure?	?	YES / NO	
c. Is appearan	ce unhealthy	or older than st	ated age? Y	ES / NO			
2) Blood Press	,	O ,					
	Diastolic 5th	ohase					
3) Pulse			At Rest	After Exerci	se	3 Minutes later	
	Rate						
	Irregularities	per minute					

4) Heart; is there any:	Enlargement	YES	/ NO	Dyspne	a YES / NO	
	Murmur(s)	YES	/ NO	Edema	YES / NO	
5) Is there (on examina (<i>Please circle applical</i>				owing:		
a. Eyes, Ears, Nose, Mo	outh, or Pharyn:	K			YES	/ NO
b. Skin (include scars),	lymph nodes, v	aricose	e veins, o	r peripheral arteries?	YES	/ NO
c. Nervous system (incl	lude reflexes, ga	ait, para	alysis)		YES	/ NO
d. Respiratory system?					YES	/ NO
e. Abdomen (include so	cars)?				YES	/ NO
f. Genitourinary system	(include prostra	ate)			YES	/ NO
g. Endocrine system (in	nclude (thyroid a	nd bre	asts)?		YES	/ NO
h. Musculoskeletal syst	em (include spir	ne, Joi	nts, ampu	utations, deformities)?	YES	/ NO
6) Are there any hernias	s?				YES	/ NO
7) Are you aware of any	y additional med	lical his	story?		YES	/ NO

8) Vision: U	Incorrected OD	os	Corrected OD	os_	
9) Hearing	Right	15/	Left	15/	
10) Urinalysis			Sugar		
Note to Medi	<i>cal Examiner</i> : Duties o	f a fire fighter include	e Lifting, Bending, Clir	mbing, and Phy	sical Exertion.
IN YOUR OP Comments:	INION IS THIS APPLIC	ANT PHYSICALLY F	FIT FOR FIRE FIGHT	ING DUTIES?	YES / NO
	NS: <i>Please return secti</i> ove to be on file in case		se provide it in addition		al information
		Please return this sed	ction to the BVFD.		
I certify that I	have examined		in private and	I not in the pres	ence of any third
party on this _	day	of	20	_at	o'clock AM PM
Signature of e	examiner:				
	lity:				