## The Bridgeville Volunteer Fire Department (BVFD) **Application for Junior Membership**

(Firefighting Status) **General Information** 

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

	Applicant Name	:		
Description:	Age:	Phone:	S.S#:	
Character References and phone number (2):  Recommended by:  Date Presented:  Date Elected:  Approved by Investigating Committee:  Section I STATEMENT OF INTENT Please read and sign  I hereby make application for membership in the BRIDGEVILLE VOLUNTEER FIRE DEPARTMENT in the corough of Bridgeville, County of Allegheny, Commonwealth of Pennsylvania, and declare the following facts. I am a esident of the Borough of Bridgeville or live within 5 road miles from the Borough line. I am at least fourteen (14) years of age, and under eighteen (18) years of age or older. If elected as a junior member of the department, I will present myself at the next the next regular meeting after my acceptance as a member (reasonable excuse accepted), and I will report to the Fire Chief within thirty (30) days after my acceptance for firefighting instructions. I fully understand that I must follow the standard operating guidelines for the junior membership program, perform fire service duties and participate in undraising activities. I further agree that if my status as a firefighter is not accepted to the BRIDGEVILLE VOLUNTEER FIRE DEPARTMENT, at the end of my probationary period, that my initiation fee of five (\$5.00) dollars will be retained by the department.	Residence:			
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Signed: Parent or Guardian Signature:	Doront			—

## SECTION II APPLICANT MEDICAL QUESTIONAIRE

Please print all information. To be completed by applicant. 1) Name: \_ First Last Middle 2) Birth date: 3) Birthplace: Year Day Month City State 4) Residence: \_\_ Street Apt.# City State Zip Code Duties: \_\_\_\_\_ 5) Occupation: SECTION III MEDICAL EXAMINERS REPORT Please print all information. **TO BE COMPLETED BY MEDICAL PROFESSIONAL.** 1) a. Measurements Weight Height Chest Chest Abdomen (Clothed) (In shoes) (Forced expiration) (Full inspiration) (At umbilicus) b. Did you weigh? YES / NO Did you measure? YES / NO c. Is appearance unhealthy or older than stated age? YES / NO 2) Blood Pressure (Record all readings) Systolic Diastolic 5th phase 3) Pulse At Rest After Exercise 3 Minutes later Rate Irregularities per minute

4) Heart; is there any:	Enlargement	YES /	NO	Dyspne	ea YES	/ NO		
	Murmur(s)	YES	/ NO		Edema	YES /	NO	
5) Is there (on examina ( <i>Please circle applica</i> )				ving:				
a. Eyes, Ears, Nose, M	outh, or Pharyn:	(					YES	/ NO
b. Skin (include scars),	lymph nodes, v	aricose v	veins, or p	peripheral arteries	s?		YES	/ NO
c. Nervous system (incl	lude reflexes, ga	iit, paral	ysis)				YES	/ NO
d. Respiratory system?							YES	/ NO
e. Abdomen (include so	cars)?						YES	/ NO
f. Genitourinary system	(include prostra	ite)					YES	/ NO
g. Endocrine system (ir	nclude (thyroid a	nd brea	sts)?				YES	/ NO
h. Musculoskeletal syst	em (include spir	ne, Joint	s, amputa	ations, deformities	s)?		YES	/ NO
6) Are there any hernia	s?						YES	/ NO
7) Are you aware of any	y additional med	lical hist	ory?				YES	/ NO

8) Vision: Unc	orrected OD	OS	Corrected OD	05	8
9) Hearing	Right	15/	Left	15/	
10) Urinalysis:	Albumin		Sugar		
Note to Medical	<i>Examiner</i> : Duti	es of a fire fighter ir	nclude Lifting, Bending, C	Climbing, and P	hysical Exertion.
IN YOUR OPINIC	ON IS THIS APF	PLICANT PHYSICAI	LLY FIT FOR FIRE FIGH	ITING DUTIES	? YES / NO
INSTRUCTIONS	: Please return	section IV to the BV	FD. Should you wish the please provide it in addit	remaining med	
		MEDICAL EX	CTION IV AMINER SIGN OFF is section to the BVFD.		
I certify that I hav	/e examined		in private ar	nd not in the pr	esence of any third
party on this		day of	20	at	_ o'clock AM   PM
Signature of exa	miner:				
Name of Facility:					