



# ***Lumpkin County Emergency Services***

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## **Medical Affidavit**

### **Must Use This Form**

O.C.G.A. 25-4-8(a) (5) requires that any person certified as a firefighter be in good physical condition as determined by a medical exam. The examining physician, physician assistant, or nurse operating under a physician's authority should complete this form.

O.C.G.A. 25-4-31(a) requires that any person assigned as an airport firefighter at any airport shall, at a minimum, meet the minimum physical fitness requirements as approved by the Georgia Firefighters Standards and Training Council.

### **Note to Medical personnel:**

This applicant, if certified, will have met the medical prerequisites necessary to gain employment or appointment at any fire department in the state of Georgia, including but not limited to the current department of which he/she is a member.

Firefighters are charged with the responsibilities of mitigating a variety of emergency and non-emergency situations where life, property, or the environment is at risk. Firefighters may be required to work under extremely harsh environmental conditions requiring them to wear cumbersome protective clothing and equipment while performing strenuous physical activities. They may be required to perform rescue work and/or provide emergency medical treatment to individuals suffering from medical or traumatic emergencies. While performing or participating in these operations firefighters may be required to make decisions that could have serious consequences to life and property.

\_\_\_\_\_ is applying to become a certified firefighter. I have examined \_\_\_\_\_ and to the best of my knowledge, this person is in good physical condition.

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Physician, Physician's Assistant, Nurse (operating on a physician's authority) printed name

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Address

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Authorized Signature

Date