

**OCEAN COUNTY FIRE ACADEMY  
MASK FIT TEST & MEDICAL  
CERTIFICATION**

**Directions:**

- 1.) Print your name and fire company In box "A"
- 2.) Have your Fire Chief sign the Certification in box "A" prior to you participating or attending any live fire evolution or IDLH atmosphere requiring the use of a SCBA at Ocean County Fire Academy.
- 3.) **Do not** fill out box "B" of this form at this time. Bring it with you to the Fire Academy. The Lead Instructor at the Fire Academy will instruct you when to complete it.

<b>Box "A" FIRE CHIEF CERTIFICATION</b>	
_____	_____
Name of Firefighter	Name of Fire Company
<p>The above firefighter has received and passed an SCBA Mask fit test and the results allow him/her to wear an SCBA during firefighting operations and IDLH Atmospheres.</p>	
Date: ____/____/____	_____
	Signature of Fire Chief

<b>Box "B" STUDENT/PARTICIPANT CERTIFICATION</b>	
I _____	of _____
(Print your Name)	(Name of Fire Company)
<p>hereby certify that I have received and passed a SCBA mask fit test in the last 12 months and that the SCBA Mask that I will be using during the live fire training today is the type and size that I was fit tested with.</p>	
<p>I further certify that I understand that standing up in a live fire evolution may result in me receiving burns to my body.</p>	
<p>I further certify that I have no known medical problem or medication that would prevent me from participating in any live fire evolution or IDLH atmosphere.</p>	
Date: ____/____/____	_____
	Signature of Student/Participant
_____	_____
Type of Training	Lead Instructor Signature