

**MABAS 24 SPECIAL RESPONSE TEAM
MEDICAL FITNESS FOR DUTY VERIFICATION**

Date: _____

Name of Member: _____

Date of Medical Exam: _____ Due Date of Next Exam: _____

Department: _____

Department Address: _____

City/State Zip Code: _____

Fire Chief's Name: _____

Department Telephone Number; _____

This member has successfully passed the required medical examination for this department, based on N.F.P.A. 1582 and is fit for duty on the MABAS 24 Special Response Team. Medical records on this individual will be maintained on file with this Department.

Signing this also verifies that the above member has a current fit test(s) on file at the said department for all assigned masks. Including but not limited to SCBA, N95/N100, and CBRN which are in accordance with 29 CFR 1910.134.

Signed: _____, Chief

Date: _____