



DEPARTMENT OF PUBLIC SAFETY  
 LAW & PUBLIC SAFETY INSTITUTE  
 Fire, Police & EMS Academies  
 281 Campgaw Road \* Mahwah, N. J. 07430  
 PHONE: 201-785-5700 \* FAX: 201-785-6036



## MASK FIT TEST AND MEDICAL CERTIFICATION

**Directions:**

- 1) **Print your name and fire department. Have your Fire Chief sign the certification below prior to you participating or attending any live burn evolution and / or IDLH atmosphere requiring the use of an SCBA at the Law & Public Safety Institute.**

FIRE CHIEF CERTIFICATION

\_\_\_\_\_  
 Name of Firefighter

\_\_\_\_\_  
 Name of Department

The above firefighter has received and passed a SCBA Mask fit test. The results allow him / her to wear an SCBA during firefighting operations and IDLH atmospheres

.Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 Signature of Fire Chief /Authorized Designee

- 2) **Do not fill out the rest of this form at this time. Bring it with your to the Fire Academy. The Lead Instructor at the Fire Academy will instruct your when to complete it.**

STUDENT PARTICIPANT CERTIFICATION

\_\_\_\_\_  
 Name of Firefighter

\_\_\_\_\_  
 Name of Department

I hereby certify that I received and passed an 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.

I further certify that I understand that standing up in any live fire evolutions may result in my receiving burns to my body.

I further certify that I have no know medical problem or medication that would prevent me from participating in any live fire evolution and / or IDLH atmosphere.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 Signature of Student / Participant

\_\_\_\_\_  
 Type of Training

\_\_\_\_\_  
 Lead Instructor Signature