



RESPIRATORY CLEARANCE PHYSICAL REQUEST FORM

THE _____ FIRE DEPARTMENT REQUEST THAT _____ BE GIVEN A RESPIRATORY CLEARANCE PHYSICAL. I CERTIFY THAT THIS FIREFIGHTER IS TRAINED AS AN INTERIOR FIREFIGHTER OR IS CURRENTLY ATTENDING FIREFIGHTER TRAINING.

FIRECHIEF/OFFICER CHECK ONE OF THE FOLLOWING

FIREFIGHTER PHYSICAL () HAZ-MAT PHYSICAL ()

_____ CHIEF / OFFICER

_____ DATE

ALL FIREFIGHTERS MUST SCHEDULE AND APPOINTMENT

DATE AND TIME OF APPOINTMENT _____

ALL PHYSICAL WILL BE GIVEN AT THE FOLLOWING LOCATIONS:

PIEDMONT WEST URGENT CARE
HWY 321 NORTH
YORK, SC 29745
628-0004

PIEDMONT EAST URGENT CARE
760 ADDISON AVE
ROCK HILL, SC 29730
329-1930

PIEDMONT EXPRESS CARE (New)
SUTTON ROAD & I 77
Fort Mill
803-578-2800