



Indiana Firefighter Training System Mobile Fire Trainer Mobile Live Fire Operational Plan



Live Burn Personnel Medical Evaluation Form

Name		Age		Sex		Today's Date	
Current Resting BP				Current Resting Pulse			
When was your last medical exam with a physician?					Month		Year
Emergency Contact				Cell Phone			
Fire Chief Name				Cell Phone			

Please check YES or NO.
 YES NO

- | | | |
|--|--|--|
| | | 1. Are you a male over 45 years of age? |
| | | 2. Are you a female over 55 years of age? |
| | | 3. Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before the age 55? |
| | | 4. Are you a diabetic? |
| | | 5. Has a physician ever told you or are you aware you have high blood pressure? |
| | | 6. Do you have a history of heart problems or ever been told you have a heart murmur? |
| | | 7. Do you feel pain or discomfort in your chest or with exercise? |
| | | 8. Do you ever lose consciousness or have you ever lost control of your balance due to dizziness? |
| | | 9. Do you ever experience unusual fatigue or shortness of breath with normal daily activities? |
| | | 10. Do you have any type of pulmonary or breathing problems such as asthma, emphysema or chronic obstructive pulmonary disease (COPD)? |
| | | 11. Have you ever had a stroke? |
| | | 12. When was your last medical physical from your physician? _____ |
| | | 13. Do you ever feel your heart race uncontrollably or "skip" a beat? |



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Liability Waiver Form for Training using the "Live Burn Trailer"

I, _____, understand that the Indiana Department of Homeland Security ("IDHS"), its employees and agents are not responsible for and will not be liable for any injury to myself or my property that may occur in connection with my participation in training using the "Live Burn Trailer" and I hereby agree to indemnify and hold harmless the State of Indiana, IDHS from loss, liability, damage or cost, including attorneys' fees and costs of litigation I may incur due to my participation in training using the "Live Burn Trailer".

I understand that my remedies in the event that I am injured due to my participation in training using the "Live Burn Trailer" are workers' compensation, if I am participating in the training as part of my employment, or other medical insurance that may be available to me as a volunteer or career firefighter.

Signature: _____ PSID # _____

Printed Name: _____ Date: _____

FDID No or FD Name: _____