

MSU Fire Service Training School

Fire Officer 1 Academy

APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT

Pre-Requisites

Check FF1 and FF2: Certification

_____ Fire Fighter 1 Certification Number

_____ Fire Fighter 2 Certification Number

OR

Signature of Local Fire Chief stating that the candidate currently acts in the capacity of a Fire Officer 1.

Signature: _____ Date: _____

Date of Fire Officer Academy requested _____

Personal Information

Full Legal Name

Last

First

Middle

Permanent address: _____

Mailing Address

City

State

Zip Code

County

Country

Daytime Phone #

e-mail address

Date of Birth

Last 4 digits of SSN

Emergency Contact: _____

Name

Phone #

Relation

Are you a member of a Montana Fire Department? YES NO

If YES, Name of Department and Duration of Membership: _____



Mail To:
MSU - FSTS
750 6th St SW - Ste 205
Great Falls, MT 59404

Tuition*: \$980 / \$1980

Invoice: ___Individual ___Department ___Payment Included

*Tuition must be paid in full to reserve a spot in the academy.

Middle Name:

First Name:

Last Name:

MSU Fire Service Training School Fire Academy Medical Release Form

Fire Fighter Name and Address:

TO BE COMPLETED WITHIN 6 WEEKS OF THE FIRST DAY OF THE ACADEMY!

Permanent address:	Last	First	Middle
	Street		Apartment #
	City	State	Zip Code
	Age		Date of Birth

Medical Information:

Vital Signs and Measurements:

Temperature	_____	Height	_____
Pulse	_____	Weight	_____
Respirations	_____	Blood Pressure	_____

Systemic: List Positive Findings Only:

If Normal, Place Check in Space Provided

INTEGUMENTARY	:	_____	_____
HEENT	:	_____	_____
PULMONARY	:	_____	_____
CARDIOVASCULAR	:	_____	_____
ABDOMEN	:	_____	_____
GENITOURINARY	:	_____	_____
URINALYSIS	:	_____	_____
ENDOCRINE	:	_____	_____
MUSCULOSKELETAL	:	_____	_____
NERVOUS SYSTEM	:	_____	_____
ALLERGIES	:	_____	_____
HX OF DRUG ABUSE	:	_____	_____
HX ALCOHOL	:	_____	_____

LISTING OF ANY SIGNIFICANT LIMITING OR DISABLING CONDITIONS: _____

Have you found the presence of a history, condition, disease or deformity that would prevent the applicant from engaging in strenuous physical activity or fire fighting? YES NO

If yes, Please specify: _____

***This Form cannot be dated more that 6 months prior to the start of the Academy.**

Upon completion of my examination of _____ I find that he/she is a healthy individual who does not risk his/her health by performing the skills and duties of a fire fighter and will not be at risk participating in the Fire Fighter Academy.

Signature Date

Name and Address of Medical Doctor: (Please Print)

Name of Medical Facility	Name of Medical Doctor
Street	
City	State Zip Code