

**Requisition for Medical Services
Emergency Response Personnel**

WORKPLACE HEALTH SERVICES
Wyoming County Community Health System
408 North Main Street
Warsaw, NY 14569
(585) 786-8940, 4549 Fax: (585) 786-7916

Appt Date: _____

Time: _____

Name: _____

Fire Department: _____

Appointments should be made by contacting Workplace Health Services at (585) 786-8940 x4549

New member _____

Existing member _____

Reinstatement (after injury or disciplinary action) _____

The authorizing fire department officer/contact should initial all requested services:

<input type="checkbox"/> SCBA (1 Year)	<input type="checkbox"/> Fire Police (2 years)
<input type="checkbox"/> Non SCBA (2 years)	<input type="checkbox"/> EMS Provider (2 years)
<input type="checkbox"/> Ambulance Driver (2 years)	<input type="checkbox"/> Hazardous Materials Annual regardless of SCBA/ Non SCBA
<input type="checkbox"/> Fire Apparatus Driver (2 years)	<input type="checkbox"/> Junior Training (2 yrs or less depending on when turn 18)
<input type="checkbox"/> Social/Administrative (1 time only/no emergency response tasks)	<input type="checkbox"/> SCBA usage

Authorizing Signature: _____

Title of Authorizing: _____

NOTE: Upon completion and review of findings the qualification form will be forwarded to the Wyoming County Insurance Office and the fireman listed, unless otherwise notified.