

**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:**

☐ SCBA (1 Year)

☐ Fire Police (2 years)

☐ Non SCBA (2 years)

☐ EMS Provider (2 years)

☐ Ambulance Driver (2 years)

☐ Hazardous Materials  
Annual regardless of SCBA/ Non SCBA

☐ Fire Apparatus Driver (2 years)

☐ Junior Training  
(2 yrs or less depending on when turn 18)  
☐ SCBA usage

☐ Social/Administrative  
(1 time only/no emergency response tasks)

**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.