



Certification of Health

Rocky Mountain Emergency Services Training Center

Helena, Montana

(Sponsoring Agency)

We hereby certify that (student name) _____,
(city) _____, (state) _____ who is
scheduled to participate in training at the Rocky Mountain Emergency Services Training
Center (RMESTC) on (dates of class) _____, 2010, is
physically fit and in proper health condition to undergo the training. In addition, said
student is able to wear SCBA masks in compliance with safety regulations (**limited facial
hair, eye glass compliance, etc**). This agency indemnifies and saves harmless RMESTC
from any claims arising out of or related to heart attacks or other injuries that result from
poor physical condition.

Date: _____

(Sponsor Signature or Physician Signature)

(Printed Name and Title)

NOTE: A Health Certificate for each student must be on file with the RMESTC before the student will be allowed to participate in the live burn portions of a class.