



## 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) \_\_\_\_\_, 20\_\_, 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.*