



**Kansas Search & Rescue Response System
Fit for Deployment Form**

Applicant Name: _____

X	X	X
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X	X
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Last 4 digits of SSN

Search and Rescue Operations

Search and rescue operations are often performed in very dangerous and physically demanding environments. For everyone’s safety, individuals involved in these operations must be able to safely and effectively perform the duties and missions assigned, under difficult and dangerous conditions.

The individual must possess the ability to meet the requirements of his/her position on the US&R resource, as well as:

- Possess the capability to safely and effectively carry out sustained operations over extended periods
- Negotiate rubble piles and uneven surfaces safely
- Work in confined spaces including collapsed or unstable buildings
- Wear and utilize a respirator or breathing apparatus
- Work at various heights, above and below grade
- Operate in and around swiftwater or flood conditions

This **“Fit for Deployment”** form must be completed annually and kept on file in the individual’s personnel file. Verification can be made in either of two ways, by the Chief/Director of the Participating Agency, or by a Physician who has examined the applicant.

Chief/Director of Participating Agency Verification

Based on this individual having successfully met the agency’s physical/medical requirements, I verify that he/she is **“Fit for Deployment”** as a member of a regional US&R resource.

Printed Name

Signature

Date

Applicant Name: _____

X	X	X
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X	X
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Last 4 digits of SSN

Physician Verification

On the date below, I have:

Reviewed the medical records of this applicant Yes No
Personally examined this applicant: Yes No

I certify that, in my professional judgment, I am not aware of any physical or medical reason or condition that would hinder this applicant's ability to perform any of the tasks listed on Page 1 of this form. Furthermore, this applicant should be able to physically perform without limitations and without posing an unreasonable risk of harm to the applicant or to other persons.

Other Instructions to Physician:

If your assessment has determined that there is a physical or medical reason this applicant can't perform one or more of the tasks listed on Page 1 of this form, please describe any reasonable accommodations that you believe can be made to permit this applicant to function as a member of a regional US&R resource. Attach further documentation to this form if needed.

Comments:

Printed Name

Signature

Date