



Health Certification
ALLEGHENY COUNTY AIRPORT AUTHORITY
REGIONAL ARFF TRAINING FACILITY



(Sponsoring Agency/Employer)

We hereby certify that (student name) _____,

(address) _____,

who is scheduled to participate in training at the ACAA Pittsburgh Regional ARFF Training Facility on class date(s) _____, 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 any applicable state and federal safety regulations (limited facial hair, eye glass compliance, etc).

The Sponsoring Agency / Employer indemnifies and saves harmless the ACAA Pittsburgh Regional ARFF Training Facility 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)

(Print Name)

(Print Title)

NOTE: A Health Certificate for each student must be on file with the ACAA Pittsburgh Regional ARFF Training Facility before the student will be allowed to participate in the live burn portions of a class.