

WORKPLACE HEALTH SERVICES  
A Service of Wyoming County Community Health System  
Warsaw, NY 14569  
(585) 786-8940, 4549 Fax: (585) 786-1269

**Requisition for Medical Services  
Emergency Response Personnel**

Name: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Liaison: \_\_\_\_\_

New member \_\_\_\_\_

Existing member \_\_\_\_\_

**The fire department liaison officer/contact will initial all requested services:**

Please check one of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> SCBA  | <input type="checkbox"/> Fire Police         |
| <input type="checkbox"/> Non SCBA (exterior)                                 | <input type="checkbox"/> EMS Provider        |
| <input type="checkbox"/> Ambulance Driver                                    | <input type="checkbox"/> Hazardous Materials |
| <input type="checkbox"/> Fire Apparatus Driver                               | <input type="checkbox"/> Junior Training     |
| <input type="checkbox"/> Social/Administrative (no emergency response tasks) | <input type="checkbox"/> SCBA usage          |

**NOTE:** Upon completion and review of findings the qualification form will be forwarded to the department liaison/contact listed above, unless otherwise notified.