

**Fire Fighter I**  
***Local Verification***  
**NFPA 1001, 2008 edition: Objectives 4.3**

Candidate's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Objective 4.3**

The candidate must have completed the emergency medical care performance capabilities listed below to meet the objectives of NFPA 1001, 2008 edition. These requirements must be developed and validated at the local level. Documentation of the requirements contained below is subject to verification by Emergency Services Training.

The candidate identified above has met minimum emergency medical care requirements, including CPR, Infection Control, Bleeding Control, and Shock Management.

**Affirmation**

*I have reviewed the candidate's file and certify that the candidate identified above has met the medical requirements. The information listed above can be documented by local department records.*

Signature of Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_