



(866) 887—6688 | www.TurnoutRental.com | info@TurnoutRental.com

TURNOUT GEAR RENTAL INFORMATION

Hocking College Fire & Emergency Services

TurnoutRental is pleased to offer complete turnout gear rental ensemble to students enrolled in the Hocking College Fire and Emergency Services Program.

The ensemble includes all of the structural firefighting equipment you'll need for your training.

ABOUT OUR TURNOUT ENSEMBLES

Our standard rental turnout gear ensemble consists of the following:

- Bunker coat and pants with suspenders
- Fire helmet with face shield
- Rubber fire boots
- New fire gloves
- New Nomex hood
- Gear bag

If you already have a helmet and/or boots, the ordering process will permit you to delete these items from the rental package and your price will be adjusted accordingly.

We use only premium gear, including Globe, Morning Pride, Janesville, Thorogood, Ranger, Shelby and Bullard. All of our gear meets NFPA 1971 (Standard on Protective Ensembles for Structural Firefighting) and is maintained to NFPA 1851 (Standard on Selection, Care and Maintenance of Protective Ensembles).

Order with confidence and join the dozens of academies, hundreds of departments and thousands of students throughout the country who have trusted us for over 10 years to meet their short-term turnout gear needs.

Turnout gear is sized differently than street clothing. Please [print](#) and carefully follow the measuring instructions when ordering.

All gear is compliant with NFPA 1971 and NFPA 1851

Order securely online at www.TurnoutRental.com. Use the school code HOCKING to receive a 10% discount off the gear rental and a 50% discount off the refundable security deposit. To order over the phone, call us at (866) 887-6688.

Orders should be placed as early as possible to ensure availability.



Required Texts:

**Essentials of Fire Fighting and Fire Department Operations and Student Workbook
Package, 6/E**

Publisher:

Fire Protection Publications
ISBN 9780133427707
change

Approximate Cost is \$180.00
Note: This is subject to

Physical:

Firefighter I and II students must have a physical completed and returned to Hocking College prior to the first day of classes.

Firefighter Clothing and Safety

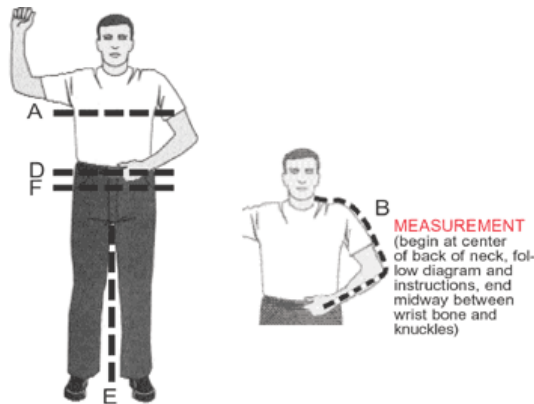
Equipment:

Firefighter students must have made arrangements for this clothing and safety equipment prior to the first day of class. It will be used the first week of class.

Revised: 03/16/2017



Measuring Instructions



Height: _____

Weight: _____

IMPORTANT: Turnout Gear sizes differ from street clothes. Extra care in measuring is needed to assure accurate fit. PLEASE USE ACTUAL MEASUREMENTS AS INDICATED BELOW.

- Do not take your own measurements.
- Stand straight but relaxed, feet about 12" apart.
- Wear identical clothing and accessories that will be worn under turnout gear.
- Use a high quality non-stretch tape, holding it straight and snug so that it lies smooth without indenting the body. Be sure you start with low end of numbers.

A. Chest – Take and hold a deep breath; measure under arms and around fullest part of chest (bust). Chest: _____

B. Sleeve – Bend elbow and hook thumb under belt buckle, and, beginning at center of back of neck, measure across top of shoulders, around point of elbow to midpoint from wrist bone to knuckles. Sleeve: _____


D. Waist – Measure loosely over belt. Be sure tools (knives, belt buckles, beepers, etc.) are taken into consideration when applicable. Waist: _____

E. Inseam – Wearing normal station wear, measure from crotch inner seam to ankle bone. Inseam: _____

F. Hips (Women Only) – Measure around fullest part of hips. Hips: _____

G. Gloves – Refer to sizing chart. Gloves: _____

H. Boots – Sized to fit like street shoes. Boots: _____

| GLOVES | | |
|---|-------------|------|
|  | Measurement | Size |
| | 7" | XS |
| | 7.5" | S |
| | 8" | M |
| | 8.5" - 9" | L |
| | 9.5" - 10" | XL |

HOCKING COLLEGE
3301 Hocking Parkway, Nelsonville, Ohio 45764
PH 740-753-3591

To ensure receipt of your Student Health Physical prior to your Clinical/Theory start term, please begin Student Health Physical process 2 months prior to your Clinical/Theory start term.

Dear Provider:

This individual is interested in a career in Nursing, Allied Health, EMT/Paramedic, Fire/Emergency, or Police Science. Please complete the attached physical exam while keeping in mind the following question – **In your opinion, do you feel this person is physically capable of performing his/her responsibilities as a student?** Please understand that we consider pregnancy a normal state. If there is no complication in the pregnancy, no special considerations are needed.

The physical strength demands are as follows:

Heavy Work: Exerting 50 to 100 pounds of force occasionally and/or 25 to 50 pounds of force frequently, and /or 10 to 20 pounds of force constantly to move objects.

The following items are other requirements that are essential for these positions.

- **Physical:** standing, walking, sitting, lifting, carrying, pushing, pulling, climbing stairs, in/out vehicles, operating equipment/machinery, stooping, crouching, crawling, reaching, head/neck movement.
- **Mental:** alertness, precision, ingenuity, problem solving, analytic ability, memory, creativity, concentration.
- **Interpersonal:** talking, persuasiveness, imagination, initiative, speaking ability, diplomacy, judgment, patience.
- **Coordination:** balancing, handling, controls (buttons, knobs, pedal, levers, cranks), driving, grasp, manual dexterity.
- **Perception:** feeling, seeing, hearing, tactile/auditory/olfactory discrimination, aesthetic sense, spatial aptitude.

Immunization/Testing Information

1) Tuberculin Skin Test (Mantoux Method)

A TST (Tuberculin Skin Test) is required within the year before starting clinical and every year after. A student will only be allowed into a clinical area with EITHER documentation of a negative TST or a negative chest x-ray. **A two-step TB skin test is required if this is the first time a student has been tested or if it has been more than 1 year since the last test. A two-step simply means that the TB test is administered and then repeated again 1-3 weeks.** A single BAMT (Blood Assay for *M. Tuberculosis*) may be substituted for the TST. Please attach results to the physical form.

2) Tetanus, Diphtheria, Pertussis (Tdap)

Due to the increase in Pertussis and the subsequent risk to unprotected clients, students entering the nursing, Medical Assistant, Physical Therapy Assistant, Dietetic programs must have a Tdap vaccination.

3) Varicella (Chickenpox)

Two doses of varicella vaccine separated by 4 weeks or a negative titer is required. **If titer shows no immunity, vaccination is required.** If a titer is chosen, please attach results to the physical form.

IMPORTANT! MMR and varicella vaccines should be administered on the same day. If not, they must be separated by 4 weeks.

4) Measles, Mumps, Rubella (MMR)

Persons born in or after 1957 who cannot document prior vaccination must receive two doses of MMR separated by at least 4 weeks. Alternatively, serologic testing (titer) could be chosen to determine immunity to measles, mumps, and rubella. Persons born before 1957 should have at least one dose of MMR if they do not have laboratory evidence of measles, mumps, and rubella immunity (titer.) If a titer is chosen, please attach results to the physical form. Pregnancy should be avoided for 1 month after vaccination. **If titer shows no immunity, vaccination is required.**

IMPORTANT! If the two-step TST is needed, the MMR should be given with the 2nd TST. If the MMR is given 1st, a student must wait 6 weeks before getting the TST.

5) Hepatitis B (HBV)

Due to potential exposure to blood and other potentially infectious materials, completion of a Hepatitis B series is required. Hepatitis B is a series of 3 vaccines given over 6 months.

6) Drug Screen (UDS)

Check with department to see what panel Drug screening is required.

7) Additional immunizations may be required by individual facilities or when the CDC recommends seasonal immunizations due to infectious diseases.

It is the student's responsibility to pay for all costs incurred in obtaining the physical exam.

HOCKING COLLEGE
3301 Hocking Parkway, Nelsonville, Ohio 45764
PH 740-753-3591

STUDENT HEALTH PHYSICAL

Student Name _____ Date _____

Address _____

Gender (circle) M F Date of Birth ____/____/____ Student ID # _____

Technology (circle) Nursing Allied Health

HEALTH HISTORY (student must complete prior to physical exam)

| Explain "YES" responses following the question. | YES | NO |
|---|-----|----|
| 1. Have you had a medical illness or injury since your last checkup? | | |
| 2. Have you ever been hospitalized overnight? | | |
| 3. Have you ever had surgery? | | |
| 4. Are you currently taking any prescription or nonprescription (over-the-counter) medications, herbs, or supplements? If yes, list all medications. | | |
| 5. Do you have any allergies, including allergy to latex? Any food allergies to bananas, avocados, potatoes, tomatoes, kiwis, chestnuts, peaches, papaya? | | |
| 6. Have you ever been considered disabled? | | |
| 7. Do you require any special adaptive equipment? | | |
| 8. Do you think you are in good health? If no, explain. | | |

| Have you had any of the following? | YES | NO | Have you had any of the | YES | NO |
|------------------------------------|-----|----|---------------------------|-----|----|
| Diabetes | | | Any Immune System Disease | | |
| Eye Disease | | | Asthma | | |
| Ear or Hearing Problems | | | Tuberculosis | | |
| Heart Disease | | | Hepatitis | | |
| High Blood Pressure | | | Measles | | |
| Hernia or Rupture | | | Mumps | | |
| Back/Extremity Problems | | | Rubella | | |
| Fainting or Blackout Spells | | | Chickenpox | | |
| Epilepsy or Convulsions | | | Psychiatric Disorder | | |

Explain any "YES" responses here _____

I certify that all statements made by me on this medical history are true and complete to the best of my knowledge.

Student Signature _____

Student Name (printed) _____

Physical Examination

| | | | |
|--------|--------|------------------|------------|
| Height | Weight | Blood Pressure / | Heart Rate |
|--------|--------|------------------|------------|

Wears Glasses/Contacts/Neither (circle)

| Vision | Uncorrected | Corrected |
|--------|-------------|-----------|
| Right | 20/ | 20/ |
| Left | 20/ | 20/ |
| Both | 20/ | 20/ |

Hearing: Right _____ Left _____

Color Vision (ISHIHARA 14 Color Plate or equivalent)

Normal _____ Deficient _____

| Findings | Normal | Abnormal (indicate nature and degree) |
|--------------------|--------|---------------------------------------|
| Skin/Scalp | | |
| Eyes | | |
| Ears | | |
| Nose | | |
| Mouth & Teeth | | |
| Pharynx | | |
| Head/Neck | | |
| Lymph Nodes | | |
| Thyroid | | |
| Chest | | |
| Breasts (optional) | | |
| Lungs | | |
| Heart | | Rhythm _____ Murmur _____ |
| Abdomen | | |
| Hernia | | |
| Back/Spine | | |
| Musculoskeletal | | |
| Neurologic | | |
| Psychiatric | | |

Any diagnostics ordered? (i.e. EKG, UA, blood work) No _____ Yes _____ (If yes, indicate type and attach results to physical form.)

COMMENTS: _____

I certify that I have on this date examined this individual. On the basis of this examination and the medical history furnished to me, this person has no medical problems that would interfere with participation in their educational program.

Agree _____ Disagree _____ Date _____

Provider's Signature _____ M. D. D.O. N.P. P.A.

Provider's Name _____ Phone _____

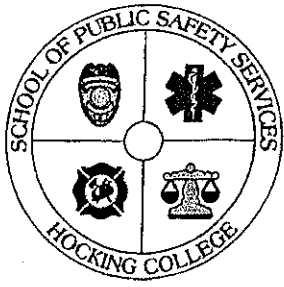
(please print or stamp)

Address _____

Immunizations/Testing

| | | | |
|---|--|--|--|
| MMR (measles, mumps, rubella) <i>2 vaccines required or titer</i> | #1 vaccine Date _____ | #2 vaccine Date _____ | MMR Titer (attach results) |
| Tdap(Tetanus/Diphtheria/Pertussis) <i>Must have within past 10 years</i> | Date _____ | | |
| TST (2 step must be performed if 1 st TB) OR a single BAMT (attach results) | #1 skin test Date _____ Result _____mm | #2 skin test Date _____ Result _____mm | Chest x-ray required if TST positive (attach results.) |
| Hepatitis B Vaccine <i>3 doses required</i> | #1 vaccine Date _____ | #2 vaccine Date _____ | #3 vaccine Date _____ |
| Varicella (Chickenpox) <i>2 doses required or titer</i> | Vaccine Date _____ | Vaccine Date _____ | Varicella Titer (attach results) |
| A Urine Drug Screen (UDS) Check with dept. to see what panel Drug screening is required. | Attach results | | |

- Nursing Students- return physical to the Nursing Office, Davidson Hall, Room 217 or fax to 740-753-6352.
- Allied Health Students- return physical to Darlene Tipple, Davidson Hall, Room 309 or fax to 740-753-6430.



Hocking College PSS

Student Behavior Commitment

Name (Print)

Date

I recognize the possibility of property damage, serious injury or death in failing to follow strict safety guidelines while participating in the Hocking College PSS programs.

I agree to follow all class, field, lab and grounds safety guidelines and rules as presented to me by the instructors.

I agree to maintain a professional and responsible behavior **(including no profanity in class)**.

I will wear the uniform assigned for classes unless otherwise directed by the instructor.

I will arrive at class in appropriate dress attire with appropriate clothing for varying conditions.

I will comply with grooming standards such as clean, pressed and shaved or beards/mustache neatly trimmed.

I will come to attention when an instructor or other administrative staff enters the room and at the beginning of each hour of class (after break).

I agree to treat and respect others as I would want to be treated.

I agree to respect school property.

If I pass a senior staff member or instructor or college instructor, I will address them with "Good morning sir/mam", or "Good afternoon sir/ma'am."

I will stay focused and pay attention to directions at all times.

I will not be on the Internet or working on anything on the computer that is not related to the topic being discussed during the current class hour unless directed to by the instructor.

I will maintain control of my emotions.

I will attend each class and arrive no later than 0815 hours unless excused absence is preapproved.

I will participate in all portions of the training program as well as cleanup of the facilities. I will clean up after myself and remove any trash to the proper receptacles.

I will not consume or possess alcohol, illegal drugs or controlled substances.

I will operate vehicles in a safe and controlled manner and park in designated student lot.

I will not take any photos/video without instructor approval.

I will turn off my cell phone during instructional periods unless authorized by the instructor.

I will bring fluids for hydration during all classes and lunch/snacks with me each day as needed.

I will bring all injuries and medical needs to the attention of the instructor as soon as possible.

I will not violate state or federal law.

I have read and understand each of the aforementioned commitments. In taking this course I accept complete responsibility for my actions.

Student's Signature

105 - Prerequisites

1. Individual is at least 18 years of age, except that a fire service training program may admit a student who is seventeen years old provided that the student has graduated or is enrolled in the twelfth or final grade in a secondary school program. OAC #4765-11-03 (A)
2. Individual must possess and provide a copy of a current and valid state driver's license.
3. Individual must submit proof of completion of a current medical examination prior to the first class session. The exam must be dated after the date of registration and must be on the form obtained when registering at Hocking College. The form must be signed and dated by a physician.
4. Per the Hocking College Drug Test Policy, individual must submit results of a negative drug screen to the Program Director prior to attending the first day of class. See Section 106 - Drug Test Policy.
5. Individual has not been convicted of a felony or misdemeanor other than a minor traffic violation. OAC 4765-55.
6. Successful completion of the following Federal Emergency Management Agency (FEMA) training courses:
 - National Incident Management System Course IS-100
 - National Incident Management System Course IS-700

For further information please reference Chapter 4765-11 and Chapter 4765-20 of the Ohio Administrative Code.

NOTE: The program director makes determination on misdemeanors or moral turpitude, which affect the student's enrollment in the program.



Fire

Out-Of-Pocket Expenses

| | |
|--|-------------------|
| Safety Glasses (ANSI Approved) | \$10.00 |
| Uniform Shirts (2) | Provided |
| Blue T-Shirt (2) | \$4.00 each |
| Blue Uniform Trousers | \$25.00 each |
| Black Shoes/Boots (No Athletic Shoes) | \$60.00 |
| Black Belt | \$20.00 |
| Hearing Protection (Ear Plugs/muffs) | \$10.00 or less |
| Work Gloves (Leather) | \$15.00 |
| Physical (Optional Location) | \$75.00 Estimated |
| Drug Screen (Holzer Facility) | \$45.00 |

Note:

Fire students must have a physical prior to the first day of class



Revised 03/16/2017



HOCKING COLLEGE SCHOOL OF PUBLIC SAFETY SERVICES
DRUG TEST POLICY
- EFFECTIVE AUTUMN 2016 -

NEW STUDENTS

ALL STUDENTS ENTERING PROGRAMS IN THE SCHOOL OF PUBLIC SAFETY SERVICES (including but not limited to: EMT, OPOTA, CRIMINAL JUSTICE, AND FIRE SCIENCE) MUST SUCCESSFULLY PASS A DRUG TEST.

All students are required to report to Holzer Clinic (2131 East State Street, Athens, Ohio) for their urine drug screen. All costs for testing are the responsibility of the student. Students of the Public Safety Services programs are required to have a negative urine drug screen prior to attending the first day of classes. Students with a positive urine drug screen for drugs not medically prescribed for the applicant or an adulterated result, will forfeit their participation in any Public Safety Services class. An adulterated test or refused test result will be presumed a failed test. Students testing positive will be administratively withdrawn from the current semester and will be responsible for the financial impact resulting from the administrative withdrawal process. The student is eligible to reapply for admission after one calendar year unless the specific program falls under other more stringent state guidelines. If after one calendar year a second positive and or adulterated drug screen results, the student will not be permitted to reapply to any Hocking College Public Safety program.

CURRENT STUDENTS

Students already in a Public Safety Service program may be required to submit a random drug test given reasonable cause. "Reasonable cause" exists when a student exhibits behaviors that suggest impairment from drug use while participating in any Hocking College class, activity, clinical, or related event to their program of study. Students with a positive urine drug screen for drugs not medically prescribed for the applicant or an adulterated result, will forfeit their participation in any Public Safety Services class. An adulterated test or refused test result will be presumed a failed test. Students testing positive will be administratively withdrawn from the current semester and will be responsible for the financial impact resulting from the administrative withdrawal process. The student is eligible to reapply for admission after one calendar year unless the specific program falls under other more stringent state guidelines. If after one calendar year a second positive and or adulterated drug screen results, the student will not be permitted to reapply to any Hocking College Public Safety program.