

General Medical Statement Form

This form is to be filled out by a certified doctor or physician for you, as a current or new member of the department, to participate in or around emergency calls or training.

For the signing doctor or physician:

As you probably know, the job as a firefighter or emergency responder is a very demanding and rigorous occupation, whether paid or volunteer, placing the responder in high-stress and dangerous situations from time to time. The job may require the responder to encounter heights, extreme temperatures (high or low) and possible contact with hazardous chemicals and bloodborne pathogens. This occupation also requires the responder to climb ladders, wear SCBA (self-contained breathing apparatus), and lift heavy objects such as ambulance stretchers or equipment. This form is designed to help inform the Chief of the department as to the general health and fitness of the responder.

Responder's Name: _____

Responder's Social Security Number: _____

I hereby certify that the above-named responder should be able to fulfill the above qualifications of a firefighter/ medical emergency responder. I also believe this responder is in an appropriate state of health and physical fitness that he/she will pose little threat to themselves or other emergency responders.

Signed: _____ **ID#** _____

Doctor/Physician

Date: _____

Comments/limitations:

Chief's Signature: _____ **Date:** _____