Mitchell Community College
Public Safety
**Emergency Medical Technician**

Medical Examination

# Fit for Duty Form

Last Name: _____ First: _____ Middle: _____

DATE OF EXAMINATION: _____ DATE OF REPORT: _____

I HAVE EXAMINED _____ AND FIND HIM/HER TO BE PHYSICALLY CAPABLE OF PERFORMING THE DUTIES OF AN EMERGENCY MEDICAL TECHNICIAN (EMT) AS STATED IN THE MITCHELL COMMUNITY COLLEGE PHYSICIAN OVERVIEW DOCUMENT.

_____ YES _____NO

THE EVALUATION PERFORMED TODAY ON THIS EXAMINEE INCLUDED A PHYSICAL EXAMINATION BY A LICENSED PHYSICIAN

PHYSICIAN INFORMATION

NAME _____ STATE LICENSE # _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # (  ) _____

DATE OF REPORT _____

SIGNATURE OF PHYSICIAN _____