

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 A FIREFIGHTER AS PER STANDARDS ESTABLISHED IN NFPA 1582 and OSHA 1910.134

_____ YES

_____ NO

PULMONARY FUNCTION TESTING HAS BEEN PERFORMED AND BASED ON THE RESULTS I FIND THE EXAMINEE TO BE CLEARED FOR WORK THAT REQUIRES THE USE OF A SELF CONTAINED BREATHING APPARATUS AND/OR RESPIRATOR.

_____ 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 _____