



Public Safety—Paramedic 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 _____