

**REQUEST FOR VOLUNTEER FIREFIGHTER PHYSICAL EXAMINATION**

Part A – To be completed by the requesting officer and firefighter.

NAME OF FIREFIGHTER: \_\_\_\_\_

FIRE DEPT. / CO.: \_\_\_\_\_ TOWN/VILLAGE: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

FIREFIGHTER ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER/EMPLOYER'S ADDRESS: \_\_\_\_\_

TYPE OF PHYSICAL:  CURRENT  NEW MEMBER  RE-EXAM

NAME OF REQUESTING OFFICER: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_ EMAIL: \_\_\_\_\_

Part B – To be completed by the firefighter.

Firefighter Agreement (Please read and sign.)

As a firefighter in Allegany County, I do hereby give permission for the Allegany County Mutual Self-Insurance Plan to receive a copy of my physical exam and to release to the above requesting officer the following, results of physical examination, for the purpose of determining my physical ability to perform the duties of a volunteer firefighter.

Date: \_\_\_\_\_ Firefighter Signature: \_\_\_\_\_

Part C – To be completed by the Workers' Compensation Office

RESULTS OF PHYSICAL EXAMINATION

EXAMINING PHYSICIAN: \_\_\_\_\_ DATE OF EXAMINATION: \_\_\_\_\_

- RECOMMENDATIONS
- a. No Restrictions – Full Activity
  - b. Minor Restrictions – Limited Activity
  - c. Major Restrictions – Very Limited Activity
  - d. Not physically suitable for active duty

DATE FORM MAILED TO REQUESTING OFFICER: \_\_\_\_\_ No. \_\_\_\_\_