

REQUEST FOR AMBULANCE VOLUNTEER PHYSICAL EXAMINATION

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

NAME OF AMBULANCE VOLUNTEER: _____

AMBULANCE CO.: _____ TOWN/VILLAGE: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____ AGE: _____

AMBULANCE VOLUNTEER'S 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 volunteer.

Volunteer Agreement (Please read and sign.)

As a volunteer for the Ambulance Co. 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 ambulance worker.

Date: _____ Ambulance Volunteer 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. _____