

**REQUEST FORM – VOLUNTEER FIREFIGHTER PHYSICAL EXAMINATION**

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

FIRE DEPARTMENT/COMPANY \_\_\_\_\_

TOWN/VILLAGE \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_  
Street/Route Town/Village Zip

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

TYPE OF PHYSICAL: CURRENT \_\_\_\_\_ NEW MEMBER \_\_\_\_\_ RE-EXAM \_\_\_\_\_

NAME OF OFFICER REQUESTING EXAM \_\_\_\_\_

COMPLETED BY FIRE DEPARTMENT

COMPLETED BY FIRE DEPARTMENT

(Firefighter to read and sign the following)

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 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Firefighter)

COMPLETED BY FIREFIGHTER

COMPLETED BY FIREFIGHTER

**RESULTS OF PHYSICAL EXAMINATION**

EXAMINING PHYSICIAN \_\_\_\_\_

DATE OF EXAMINATION \_\_\_\_\_

RECOMMENDATION: \_\_\_\_\_ 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. \_\_\_\_\_

COMPLETED BY SELF-INSURANCE OFFICE

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