



## Medical Examination – Fire

For completion by physician

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 Last 5 Digits of SSN

Please use this space for additional comments and/or explanations of abnormal results from the medical examination on the previous page. If more space is needed, please use the back of this page.

Please use the table below for laboratory results. Include the actual values where appropriate. If possible, provide an explanation for abnormal results. Additional space is provided, if needed, on the following page.

Lab/Test	N	A	Results, if applicable	Explanation
Urinalysis (Dip):				
Protein				
Sugar				
Blood				
CBC				
Serum creatinine				
Fasting glucose				
AST				
ALT				
Hepatitis B <i>antibody</i>				
Hepatitis B <i>antigen</i>				
Hepatitis C screen (anti-HCV antibody)				
HIV screen				
PPD (Tuberculin)				
Fasting lipid profile				
5-drug urine drug screen: THC, Coc, PCP, opiates, amphetamine-methamphetamine				
ECG				
Treadmill stress test				
CXR (PA/Lat) to be read by a radiologist				
Spirometry:				
FEV1				
FVC				
FEV1/FVC				

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### Audiometry (unaided)

	<u>500</u>	<u>1000</u>	<u>2000</u>	<u>3000</u>	<u>4000</u>	<u>6000</u>	<u>8000</u> <u>(optional)</u>
Left	_____	_____	_____	_____	_____	_____	_____
Right	_____	_____	_____	_____	_____	_____	_____

Please use this space for any additional comments regarding labs, audiometry, or other studies.

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Date

Examination for position of (i.e., job title): \_\_\_\_\_

Below, please select the appropriate response to indicate the final results. Please comment on any reasons for a "NO" or "PENDING" response.

- Yes** The **examinee** is medically qualified to do the essential functions of the job.
- No** The **examinee** is **not** medically qualified to do the essential functions of the job.

Comments:

\_\_\_\_\_  
**Note:** Abnormalities on the above physical examination and/or required laboratory studies may require further evaluation. Payment authorization must be obtained from the employing authority prior to any additional examination or evaluation. The results of such further evaluation must rule out any disease or illness that may interfere with the ability of the candidate to perform the essential functions required of their occupation. These results must be submitted to the examiner that will be providing medical clearance to perform the duties required of police officers or firefighters (whichever the case may be).

**Other considerations:** Sufficient medical information must be available to make a definitive determination as to the applicant's ability to perform the essential functions of the job (as set out in the protocol) with or without reasonable accommodation. If additional information is required, further evaluation will be necessary, subject to advance payment authorization, as set forth in the preceding paragraph. If it is determined that the applicant is not medically qualified to perform the essential functions of the job with or without reasonable accommodation, the basis for that conclusion should be set out in the "Comments" section above.

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Clinic/Hospital Name

\_\_\_\_\_  
Date