

PHYSICIAN'S HEALTH CERTIFICATE

_____ Has applied for membership to the Bay District Volunteer Fire Department, Inc. (the "Department"). As a member of the Department, this individual's primary duty will be to protect life, property and the environment, which responsibility is both physically demanding and mentally stressful. In fulfilling responsibilities with the Department, members are required to make critical decisions, perform heavy lifting and drive emergency vehicles.

Your evaluation of the above-named individual will assist the Department in providing the best emergency services possible while ensuring the safety to all involved parties.

Please respond to the following:

Yes No 1. Has the individual sustained any prior injuries that may interfere with the individual's ability to perform required duties as a member of the Department?

Yes No 2. Does the individual take any regular medication that precludes the individual from strenuous activity or the operation of emergency vehicles, or otherwise impair the individual's mental or physical capability?

Yes No 3. Does the individual have any defect that limits the individual's sight, hearing or use of limbs?

Yes No 4. Does the individual have any other condition, physical or mental, that would require medical supervision or medication?

If answering **YES** to any of the above, please explain:

Limitations:

I have examined _____ on the undersigned date, reviewed his/her history and find this individual physically and mentally able to perform the duties of this organization. Any limitation, medications or concerns have been noted above.

PHYSICIAN SIGNATURE: _____ DATE: _____

As a volunteer, charitable organization, we would appreciate any professional courtesy that could be extended regarding the completion of this certificate.