

**Pre-Placement Medical Review**

Fire Company: \_\_\_\_\_

Prospective Firefighter/EMS Responder Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Based on a physical exam:

\_\_\_\_\_ The health status of the Firefighter/EMS Responder was assessed. This was done prior to the assumption of membership. I find the applicant free from any health impairments that may be deemed a potential risk or that may interfere with the performance of duties.

\_\_\_\_\_ The above person is unable to perform the essential firefighter/EMS Responder functions.

Physician's Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Date of Exam: \_\_\_\_\_