

[Company]

REPORT OF FIREFIGHTER MEDICAL EVALUATION

Name: _____ DATE: _____

The above individual was examined on this date according to the standards adopted by the MSFA from NFPA 1582, and the following determination is as below:

_____ Fit for duty with NO restrictions

_____ The individual is fit for duty without restrictions. Please have him/her contact physician's office for specifics of exam and/or lab results.

_____ The individual has a Category A medical condition which makes him/her UNFIT for operational duty at this time.

_____ The individual has a Category B medical condition which requires evaluation of more information before making a determination. Please have the individual contact the physician's office for specifics.

_____ The individual has a temporary medical/surgical condition that will delay clearance until such time as the condition resolves. Please have the individual return for re-evaluation after the condition has completely resolved.

_____ The individual does not meet the standards for SCBA use.

_____ The Hepatitis B vaccine series has been completed.

Physician Signature

Date

Reviewed by:

Fire Chief

Date