

Weston Volunteer Fire Department Medical Evaluation for Fire Police

To: Chief, Weston Volunteer Fire Department

Re: _____
Name of Fire Policeman

I have been given a copy of Appendix B, Medical Standards for Fire Police (Effective May 1, 1993) and I have evaluated the fire policeman named above on the date shown below in accordance with those standards. Based on my evaluation:

____ I certify that the fire policeman is fit for duty.

____ I certify that the fire policeman is fit for restricted duty, subject to the following limitations:

____ The fire policeman is not fit for duty.

Date of evaluation _____

Doctor's Signature

Doctor's Name

Address

I have been evaluated/examined on the date, and by the physician shown above. I have been given the results of my evaluation/examination and have had the opportunity to discuss them with the doctor. I understand that the Weston Volunteer Fire Department does not have a copy of the evaluation/examination and that it is my responsibility to deliver a copy to the Chief if I want a copy on file in the event of an emergency. I also understand that any medical records delivered to the Chief will be kept confidential and not disclosed to any person without my express permission.

Fire Policeman

Date