



GRANT COUNTY FIRE DISTRICT #7 MEMBER APPLICATION

Full Name:		Date of Application:
Home Address:	City:	State/ZIP:
Home Phone:	Cell Phone:	Email:
Date of Birth:	Place of Birth:	Social Security #:
Highest Level of Education:	Drivers License #/Expiration Date:	Endorsements:
First Aid/EMS Experience:	First Aid Card Expiration:	List any Previous Fire Experience:
Have you ever been arrested? If yes, why.		
Can you attend weekly classes/drills?	Do you agree to respond to any fire department communications within one day?	
Are you available during the day for calls?	Are you available at night for calls?	What times are you unavailable for calls?
Describe any physical or mental disabilities, including vision or hearing difficulties that might in any way interfere with your work with this fire department:		
EMPLOYMENT INFO	PERSONAL REFERENCE	PERSONAL REFERENCE
Company:	Relationship:	Relationship:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:
Is your employer aware and in favor of this application?		
Printed Name:	Signature:	Date:

I HEREBY CERTIFY that all of the statements made above and attached to this document are true and complete as far as I can determine. I understand that any misstatements or inconsistencies may subject me to disqualification or dismissal.

DEPARTMENT USE ONLY

Reviewed by Chief or Designee:	Date Nominated:
Date Accepted by Commissioners:	
Commissioners Signatures:	Date:
Commissioners Signatures:	Date:
Commissioners Signatures:	Date:

GRANT COUNTY FIRE DISTRICT #7 APPLICANT DECLARATIONS

I understand that by completing this application for membership as a firefighter with Grant Co. Fire District #7, any and all answers to the questions asked on the reverse side of this application are subject to verification thru any means necessary. I also understand that I will pay the sum of \$_____ to help cover the cost of obtaining a WA State Abstract Driving Record and of obtaining an independent report of criminal behavior to determine if I am guilty of any of the disqualifying behaviors as listed in WAC/RCW_____. My application will not be processed by the Department until my ADR and Criminal Record check have been returned to the Department.

I understand that if my application is processed and I am accepted as a member, I will be on probation for the first 6 months after being accepted for membership and that I will be reviewed and evaluated at the end of my probation period before being permanently placed on the membership roles.

I understand I must answer all Fire Department correspondence from the Chief, Officers, Training Officers, or Designees within 24 hours. Failure to respond to a Fire Department request for contact or information will result in my suspension or termination from the Department.

I understand that by joining this Fire Department, I am expected to attend all the scheduled training meetings and drills which the District sponsors unless previously excused by the District Training Officer. I understand if my attendance falls below 50% or mandatory training is missed, I will be required to make it up within 30 days or I will be I will forfeit my membership on the Department. I also agree to attend all fires while I am in the area and any medical calls for which I am on shift to respond.

I understand that I will be given a current copy of the Grant County Fire District 7 Standard Operating Procedures and that I am expected to abide by them at all times. I understand that I represent the Fire Department at all times and will comport myself in a praiseworthy manner at all times. Illegal or publicly unacceptable behavior while on or off emergency scenes will be grounds for removal from the Department.

I understand and agree to all the declarations listed above.

Member (Applicant) Date

GRANT COUNTY FIRE DISTRICT #7 PROFESSIONAL CONDUCT AND ETHICS

Some rules and regulations regarding employee/ volunteers conduct are necessary for efficient business operations and for the benefit and safety of all patients and employees/ volunteers. Conduct that interferes with operations, discredits Grant County Fire District No. 7, or is offensive to patients, co-workers, providers and the general public will not be tolerated.

Employees/ volunteers are expected at all times to conduct themselves in a positive manner in order to promote the best interest of Grant County Fire District No. 7.

Appropriate employee/ volunteer conduct includes, but is not limited to:

Treating all patients, visitors, and co-workers in a courteous professional manner.
Refraining from behavior or conduct that is contrary to Grant County Fire District No. 7's best interest. Reporting to management suspicious, unethical, or illegal conduct by co-workers or suppliers. Cooperating with investigations.
Complying with all policy, procedures, protocols and Fire District safety regulations.
Wearing only approved uniform/clothing, properly maintained.
Performing assigned tasks efficiently and in accordance with established guidelines.
Reporting to work punctually as scheduled, ready to go to work at the assigned starting time. Maintaining a clean, safe work environment at all times.

The following conduct, while not an all-inclusive list, is prohibited and individuals engaged in it will be subject to termination:

Possessing firearms or other weapons on Fire District property without written consent of the Fire Chief. Fighting with or assaulting a co-worker.
Threatening or intimidating co-workers, patients, or guests.
Engaging in any form of discrimination.
Reporting to work under the influence of, or in possession of, alcohol or illegal drugs.
Disclosing confidential Grant County Fire District No. 7 information.
Disclosing any/all confidential patient care information.
Discrediting Grant County Fire District No. 7, it's management, agents, departments and/or personnel. Logging, tracking or keeping records about calls and/or patients that are not authorized.
Falsifying or altering any Grant County Fire District No. 7 record or report, document or form. Failure to comply with Fire District policy and procedure.
Stealing, destroying, defacing, or losing Grant County Fire District No. 7 property.
Stealing, destroying or defacing co-workers or patient's property.
Refusing to follow management's instructions concerning a job-related matter (insubordination). Wearing improper attire or having an inappropriate personal appearance.
Any acts, actions or behavior not in the best interest of Grant County Fire District No. 7.

I have read and understand Grant County Fire District No. 7 Professional Conduct and Ethics statement, and I fully understand and agree to follow the Code of Ethics as outlined above.

Member (Applicant) Date

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Grant County Fire District #7 ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91256; Tel. # 1.877.251.5656; www.backgroundscreenersofamerica.com**. The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

Signature: _____ Date: _____

**GRANT COUNTY FIRE DISTRICT #7
P.O. Box 1449
Soap Lake, WA 98851**

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Grant County Fire District 7 ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91256; Tel. # 1.877.251.5656; www.backgroundscreenersofamerica.com** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____ Social Security*

#: _____ Date of Birth*: _____ Driver's License #:

_____ State of Driver's License*: _____ Present Address:

_____ Phone Number: _____ City/State/Zip:

used for background screening purposes only and will not be used as hiring criteria.

Signature: _____ Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will

receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks,	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission:

savings associations, or credit unions also should list,	Consumer Response Center – FCRA
in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor

6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identify theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

**STATE OF WASHINGTON
CONSUMER CREDIT REPORTING ACT
SUMMARY OF CONSUMER RIGHTS**

The State of Washington Fair Credit Reporting Act (WFCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records).

Here is a summary of your major rights under the WFCRA. The WFCRA is modeled after the Federal Fair Credit Reporting Act. The same rights are provided under the Federal Fair Credit Reporting Act and you have received A Summary of Your Rights Under the Federal Fair Credit Reporting Act. You can get the complete text of WFCRA RCW 19.182, from the Washington Code Revisers Office, P.O. Box 40551, Olympia, WA, 98504, or online at <http://apps.leg.wa.gov/rcw/default.aspx?cite=19.182&full=true#19.182.070>.

- **You must be told if information in your file has been used against you.** If a person takes an adverse action against you that is based, in whole or in part, on information contained in a consumer report, that person must tell you, and must give you the name, address, and telephone number of the consumer reporting agency that provided the information.

- **You have a right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency, although medical information may be withheld and given directly to your medical provider. You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You will not be charged for:

- a consumer report if a person has taken adverse action against you because of information in your credit report;

- the reinvestigation of information you dispute; or

- corrected reports resulting from the deletion of inaccurate or unverifiable information. In addition, you are entitled to one free consumer report every 12 months, upon request. You may be charged a limited fee for a second or subsequent report requested by you during a 12 month period.

- **You have a right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and you notify the consumer reporting agency directly of the dispute, the consumer reporting agency will reinvestigate without charge and record the current status of the disputed information before the end of thirty business days, unless your dispute is frivolous.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Upon completion of the reinvestigation, if the information you disputed is found to be inaccurate or cannot be verified, the consumer reporting agency will delete the information and notify you of the correction. If the reinvestigation does not resolve your dispute, you may file with the consumer reporting agency a brief statement setting forth the nature of your dispute. The statement will be placed in your consumer file and in any subsequent report containing the information you disputed.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than ten years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need — usually to consider an application with a creditor, insurer, employer, landlord, or other business. The WFCRA specifies those with a valid need for access.

- **You must be notified if reports are provided to employers.** A consumer reporting agency may not give out information about you to employers without your knowledge. A potential employer must make a clear and conspicuous disclosure in writing to you or obtain your consent before obtaining a report. A current employer may not receive a report unless it has given you written notice that consumer reports may be used for employment purposes.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** You may elect not to receive unsolicited “prescreened” offers for credit and insurance by using the consumer reporting agency’s notification system to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

You may place a security freeze on your credit report. A security freeze prevents your credit file from being shared with potential creditors or insurance companies. You may request a security freeze by contacting us at A security freeze can be requested in writing by first-class mail, by telephone, or electronically. You also may request a freeze by calling the following toll-free telephone number(s): TransUnion: 888-909-8872, Experian: 888-397-3742, Equifax: 800-685-1111 (NY residents please call 1-800-349-9960). TransUnion, Experian and Equifax can also be reached at the following addresses:

TransUnion LLC
P.O. Box 2000
Chester, PA 19016
<https://freeze.transunion.com>

Experian Security Freeze
P.O. Box 9554
Allen, TX 75013
www.experian.com/freeze

Equifax Security Freeze
P.O. Box 105788
Atlanta, GA 30348
<https://www.freeze.equifax.com>

- **You may be able to block information resulting from identity theft from appearing on your credit report.** If you are a victim of identity theft, a consumer reporting agency must permanently block misinformation resulting from that theft from appearing on your credit report. You must provide the consumer reporting agency with a copy of a police report as evidence of your claim before it can place the block on your report.

- **You may seek damages from violators.** If a consumer reporting agency, or in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the WFCRA, you may be able to sue in state or federal court.

COMPLAINTS

Any complaints by consumers under state law may be directed to:

Office of the Attorney General
Consumer Protection Division
800 5th Avenue, Suite 2000
Seattle, Washington 98104-3188
Phone 1-800-551-4636 or (206) 464-6684
Fax (206) 389-2801

Statewide Toll-Free TDD: **800 276-9883**
Complaints May Be Made Via U.S. Mail or E-Mail
Complaints: <http://www.atg.wa.gov/FileAComplaint.aspx>
(Include your U.S. Mail address with any complaint.)
Website & Forms: <http://www.atg.wa.gov/>

Board for Volunteer Firefighters and Reserve Officers
PO Box 114
Olympia, WA 98507

NEW MEMBER ENROLLMENT – REMITTANCE FORM 4497

Fire District: _____
Station/Department: _____
Date Submitted: _____

New Member Name: _____
Date of Acceptance: _____
Position: Volunteer Firefighter / Reserve Officer (circle one)

Coverage Elected:
 Disability Only
 Disability + Pension

Annual Fees (check applicable):
Volunteer Firefighter:
Disability Fee: \$50 (mandatory)
Pension Fee: \$90 (optional; \$45 district / \$45 member)

Reserve Officer/EMSD:
Disability Fee: \$240 (mandatory)
Pension Fee: \$140 (optional; \$45 member / remainder district)

Payment Attached: \$ _____

Certification:
I certify that the above member has been accepted into the fire district and fees are remitted in accordance with RCW 41.24.

Signature of Fire District Secretary/Clerk: _____
Date: _____
Phone/Email: _____

Board for Volunteer Firefighters and Reserve Officers
PO Box 114
Olympia, WA 98507

INVOICE VOUCHER – PHYSICAL EXAMINATION REIMBURSEMENT

Fire District: GRANT COUNTY FIRE DISTRICT #7
Station/Department: STATION #1
Member Name: _____
Date of Physical Exam: _____

Physician/Clinic Name: _____
Physician/Clinic Address: _____
City/State/ZIP: _____
Physician Tax ID Number (required): _____

Invoice/Receipt Number: _____
Amount Billed: \$ _____
Amount Requested for Reimbursement: \$ _____

Certification:
I certify that the above physical examination was required for membership as a volunteer firefighter and request reimbursement under RCW 41.24.

Signature of Fire District Secretary/Clerk: _____
Date: _____
Phone/Email: (509)246-0321 officeadmin@gcfd7.org

Board Volunteer Fire Department

Department and Address

Phone

Report Of Physical Examination For Membership

Name _____ Birthdate: _____

Address _____ How Long At This Address?

Occupation _____ For Whom Employed?

How Long? _____

MEDICAL EXAMINATION

History

Are you now in good health? _____ Do you have or previously had any disabilities whereby your full physical capabilities are limited? Yes _____ No _____ If so, explain

_____ Have you ever had any of the following diseases or conditions?

Heart trouble _____, Kidney or urinary trouble? _____, Tuberculosis or other lung disease _____, Stomach

ulcers or gastro intestinal disease _____, Diabetes _____, Epilepsy _____, Mental disease _____, Nervous system

trouble _____, Rheumatism or Arthritis _____, Back trouble _____, Allergies such as asthma, hay fever, eczema _____

_____, Vision defects _____, Hearing defects _____, Hernia _____, Piles _____, If so,

explain _____ What serious illness, accidents, injuries, or operations have you had?

List any government, insurance compensations, or disability awards you have received. What for?

I hereby certify the above answers are full, complete, and true to the best of my knowledge:

Applicant to sign in presence of examining M.D.

To Be Filled Out By Physician

Physical Examination

Height _____ Weight _____ Pulse _____ Blood Pressure _____ General appearance _____ Vision _____

uncorrected R _____ L _____ Corrected R _____ L _____ Head, Neck, Throat,

Nose, Eyes, Ears: Findings _____

_____ Lung findings: _____

_____ Heart: (a) _____

Size _____ (b) Rhythm _____ (c) Murmurs _____ Abdomen: _____

(a) Tenderness _____ (b) Masses _____ Inguinal _____

Region: Right _____ Left _____ Spine: _____

Motion _____ Curvature _____

Extremities: Limited motion or impaired function _____

_____ Defects or deformities _____

_____ Varicose Veins _____ Nervous System: _____

Pupils _____ Knee jerks _____ Romberg _____ Tremors _____

_____ Gait _____

Urinalysis: Albumin _____ Sugar _____ Physician Performing Exam _____ Date _____

Physician's Opinion: Capable of sustained arduous duty ___ Capable of modified duty ___ Not qualified at this time ___

Limitations _____

Remarks or Recommendations:

Physician Signature _____ Date _____

TO BE FILLED OUT BY FIRE CHIEF

I do hereby certify that _____ became an active member of this department on the _____ day of _____ year _____ and at that time, to the best of my knowledge and belief, was in sound health and physically capable of performing the duties of a firefighter.

_____ Fire Chief