



Fire Department
Medical Examination Report

Applicant Information

Name: (Last) _____ (First) _____ (Initials) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Physician Information

Name : (Last) _____ (First) _____ Initials) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Business Telephone # _____

To be completed by Physician

- Is the applicant prescribed any medications that may affect his/her performance of duties as a Firefighter?
Yes No
- Is the applicant medically fit to perform the duties of a Firefighter? Yes No

The applicant has been provided with a Volunteer Firefighter Recruit Orientation Guide that includes Volunteer Firefighter duties and responsibilities for the assistance of the physician.

Signature _____ Date _____

Personal information on this form is collected pursuant to the Municipal Act, 2001, S.O. 2001 c.25, as amended and will be used for the purpose of determining eligibility for employment with the Corporation of the Municipality of North Middlesex.