

Applicant's Name: \_\_\_\_\_

**Physician's Report  
for  
Keremeos Volunteer Fire Dept.**

Report of examining physician  
(to be completed in ink)

EXAMINING PHYSICIANS PLEASE NOTE

- 1 The fee for the services of the physician is the responsibility of the applicant.
- 2 It is essential that the applicant be physically & mentally fit to perform the duties of a firefighter.
- 3 While it is not the intention of the Fire Department to appear restrictive, it is essential for the benefit of all concerned that a good standard of physical and mental fitness be maintained.

NAME OF APPLICANT: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
Surname Given Name Day Month Year

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

1 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B.P.: \_\_\_\_\_

2 Vision Without Glasses R.20/ \_\_\_\_\_ L. 20/ \_\_\_\_\_  
 With Glasses R.20/ \_\_\_\_\_ L. 20/ \_\_\_\_\_

3 Hearing: Right \_\_\_\_\_ Left \_\_\_\_\_

4 History of previous illness: \_\_\_\_\_

5 Is there any evidence of:

1. Hernia	yes:	no:	8. Infectious Hepatitis	yes:	no:
2. Asthma	yes:	no:	9. Tuberculosis	yes:	no:
3. Fainting Spells	yes:	no:	10. Heart Trouble	yes:	no:
4. Dizziness	yes:	no:	11. Epilepsy	yes:	no:
5. Allergies	yes:	no:	12. Hypertension	yes:	no:
6. Arthritis	yes:	no:	13. Diabetes	yes:	no:
7. Back Trouble	yes:	no:	14. Respiratory Trouble	yes:	no:

If yes, please specify: \_\_\_\_\_

6 Details of any physical impairment: (Please be specific) \_\_\_\_\_

7 Is this your first contact with the patient? 

Yes:	No:
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Applicant's Name: \_\_\_\_\_

If no, how long have you treated patient? \_\_\_\_\_

8 Does applicant have any nervous problems?

Yes	No
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If yes, please specify \_\_\_\_\_

9 Does applicant have any alcohol or drug problems

Yes	No
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If yes, please specify \_\_\_\_\_

10 Is this applicant taking any regular medication?

Yes	No
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If yes, please specify \_\_\_\_\_

11 Does this person have the Hepatitis B vaccination?

Yes	No
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If no, is it okay to have the vaccination?

Yes	No
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12 Does this person have the Tetanus vaccination?

Yes	No
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If no, is it okay to have the vaccination?

Yes	No
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13 IN LIGHT OF THE CONTENTS OF THIS REPORT AND YOUR EXAMINATION, DO YOU  
 CONSIDER THE APPLICANT PHYSICALLY & MENTALLY CAPABLE OF PERFORMING  
 THE DUTIES OF A FIREFIGHTER ? .....

Yes	No.
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\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name (printed)

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_