



Washington County Volunteer Fire & Rescue Association

MEDICAL RECOMMENDATIONS FROM PRIVATE PHYSICIAN

FOR THOSE MEMBERS ONLY REQUIRED TO HAVE PHYSICAL I

To: WCVFRA and Chief, Station# _____

Member: _____

The above Member underwent a physical examination and testing in my office. Based upon the exam and medical history the following recommendation is made:

___ Has the medical ability to perform those duties NOT requiring SCBA

___ Does not have the medical ability to perform those duties required under Physical I (not requiring SCBA).

The following is a list of limitations (if any), due to medical conditions:

No Limitations: _____

Limitations: _____

Re-evaluations in: NFPA 1582

One (1) year	Age 40 & Over
Two (2) years	Age 30 to 39
Three (3) years	Age 29 & Under

Medical Provider: _____ Date: _____

****Member is responsible for any costs associated with the use of their private physician.**

09/11/08