

Appendix B

Verification of Departmental Physical Evaluation

PART 1: to be completed by the student:

I _____ hereby authorize the _____
(print name) (fire service organization)

to notify the Maryland Fire and Rescue Institute that I have had a physical examination on

_____ and have been determined to be fit for duty.
date (mm/dd/yyyy)

(printed name) (signature)

date (mm/dd/yyyy)

Course number of class where medical clearance is required:

PART 2 - to be completed by the student's fire service representative:

I verify that _____ had a physical evaluation
on _____ and has been determined to be fit for duty.
date (mm/dd/yyyy)

(printed name)

(signature)

(position or rank)

date (mm/dd/yyyy)

(fire service organization)