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)