

**Ridgefield Fire Department
Employee Annual Occupational Medical Evaluation
Firefighter**

Verification Form

Physician Statement: I am a licensed, practicing Physician attesting that I am capable and have the professional experience to perform self-contained breathing apparatus (SCBA) medical evaluations and also have the professional experience to perform necessary procedures listed below in accordance with the National Fire Protection Association, Standard 1582, 2007 Edition.

Procedure
Medical History
Physical Examination:
Blood Tests
Urine Laboratory Tests
Audiology
Spirometry
Chest Radiographs
Electrocardiograms
Mammography
Immunizations and Infectious Disease Screening

*As a result of today's medical physical, _____ is medically
(Employee Name)
fit to perform the essential job functions of a firefighter including the use of SCBA.*

Physician Name: _____

Physician Signature: _____ Date: ____/____/____