

NORTH BRUNSWICK FIRST AID & RESCUE SQUAD

MEDICAL / PHYSICAL APPLICATION

(ALL INFORMATION WILL BE KEPT CONFIDENTIAL BETWEEN THE APPLICANT, THE PHYSICIAN OF RECORD & THE NBFARS EXECUTIVE BOARD AND ITS DESIGNEES)

APPLICANTS NAME: _____

ADDRESS: _____

AGE: _____ DATE OF BIRTH: _____

DO YOU NOW OR HAVE YOU HAD ANY OF THE FOLLOWING CONDITIONS:

(DISCLOSURE OF A MEDICAL CONDITION IS NOT NECESSARILY GROUNDS FOR DENYING MEMBERSHIP)

<u>CONDITION:</u>	CIRCLE ONE	<u>CONDITION:</u>	CIRCLE ONE
NECK / BACK AILMENTS	Y / N	SPRAINED LIMBS	Y / N
BROKEN BONES	Y / N	CARPAL TUNNEL	Y / N
VISION LOSS	Y / N	CORRECTIVE LENSES	Y / N
HEARING LOSS	Y / N	HEARING AID	Y / N
HEART CONDITION	Y / N	LUNG/BREATHING CONDITION	Y / N
ALLERGIES	Y / N	PRESCRIPTION MEDICINE (S)	Y / N
VERTIGO / SEIZURES	Y / N	OTHER MEDICAL CONDITION(S)	Y / N

PLEASE EXPLAIN ANY "YES" ANSWERS & DETAIL ANY OTHER MEDICAL CONDITION(S):

BY SIGNING THIS MEDICAL / PHYSICAL APPLICATION, THE APPLICANT TAKES FULL RESPONSIBILITY FOR DISCLOSURE OF ANY MEDICAL CONDITION TO THE PHYSICIAN OF RECORD & NBFARS, WHICH WOULD PROHIBIT OR HINDER THE APPLICANT FROM PERFORMING EMERGENCY MEDICAL SERVICES OR WHICH COULD LEAD TO POSSIBLE INJURY TO THE APPLICANT OR OTHERS. NEITHER NBFARS NOR THE PHYSICIAN OF RECORD WILL BE HELD RESPONSIBLE FOR ANY NEGATIVE OUTCOME DUE TO THE APPLICANTS CONCEALMENT OF A PRIOR EXISTING CONDITION.

APPLICANT'S SIGNATURE

MEDICAL CLEARANCE

PHYSICIAN OF RECORD: _____
PLEASE PRINT NAME

PHYSICIAN'S COMMENTS: _____

DATE OF PHYSICIAN REVIEW: _____

I have examined the above applicant and am satisfied that this individual is medically fit to perform the actions required in Emergency Medical Services (including but not limited to carrying at approximately 70 lbs up & down a flight of stairs).

PHYSICIAN'S SIGNATURE

OFFICE STAMP (IF APPLICABLE)