

MEDICAL FORM
New Canaan Volunteer Ambulance Corps
182 South Avenue
New Canaan, CT 06840

To the Physician: When filling out this form, please keep in mind that the duties of an EMT can be strenuous. They include lifting heavy equipment and loaded stretchers, as well as the ability to think quickly and withstand the stress associated with the job. Please evaluate the applicant knowing that his or her duties will require excellent physical and mental condition. Please note anything that may compromise this applicant's performance. Thank you.

Applicant's Name (please print): _____

1. Has this applicant ever suffered any illness or injury which might be aggravated by strenuous physical activity? N _____ Y _____ (please specify yes answers) _____

2. Does this applicant show evidence of any physical condition, such as a back problem, which would prevent lifting loaded stretchers? N _____ Y _____ (If yes please specify) _____

3. Does this applicant have any mental or emotional condition which could interfere with his/her performance as an EMT? N _____ Y _____ (if yes please specify) _____

4. Does this applicant show evidence of any physical condition which would interfere with the safe operation of an emergency vehicle? N _____ Y _____ (if yes please specify) _____

5. Please evaluate the applicant's overall physical and mental condition for performing the duties of an EMT: _____

I have examined the above named applicant and hereby certify that to the best of my knowledge he/she is free from any physical or mental conditions which might prevent performance of duties as an Emergency Medical Technician.

Signature _____ Name (please print) _____ Date _____
Address: _____